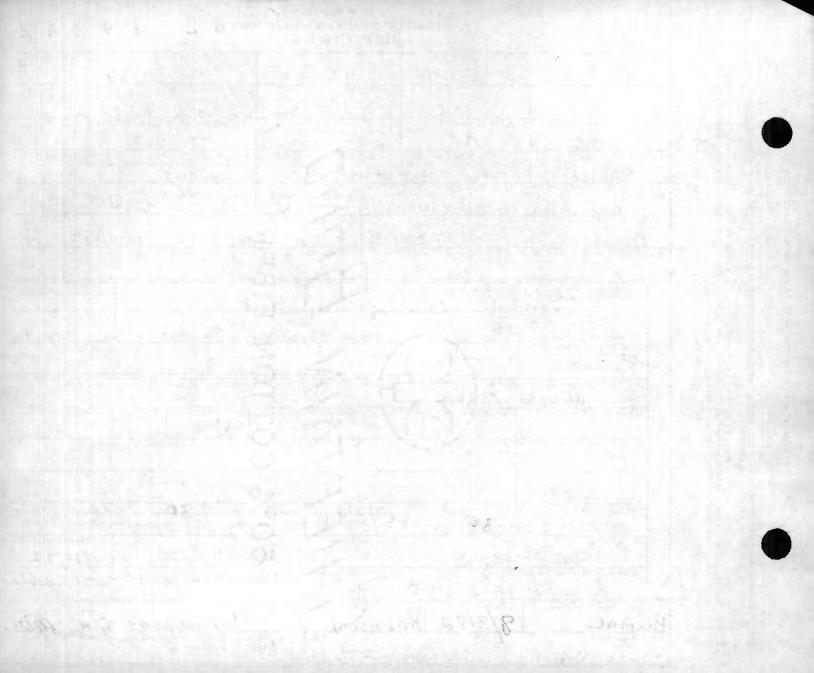
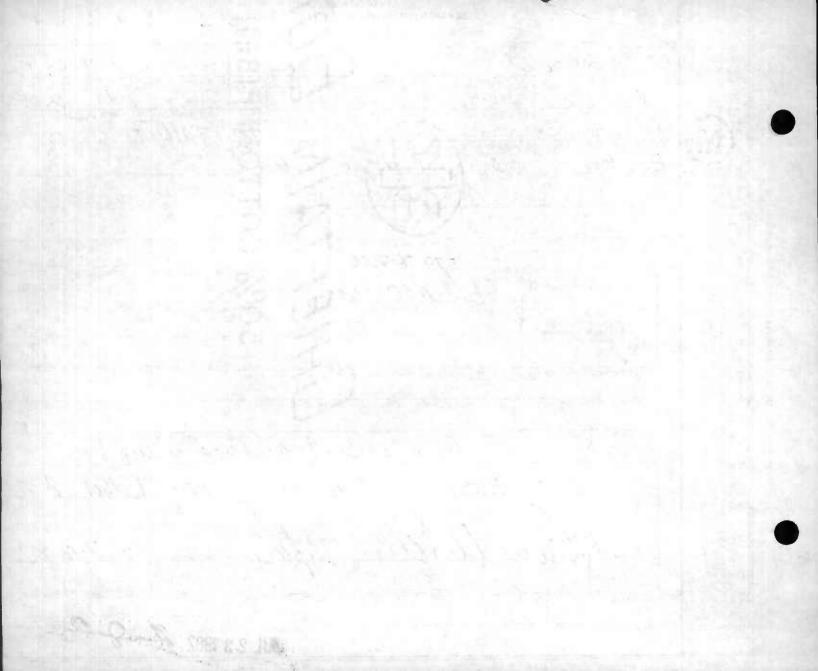
STATE OF MARYLAND



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THE STATE OF THE S	10. C	TY OR TOWN OF DEA	ATH II	NAME OF HOS	PITAL, NURSING HON	E, OR OTH	P F	USUAL OCCUPATION (TYPE OR MOST OF WORKING LIFE)	E OF WORK 12b. KI	IND OF BUSINESS
12 12 2	1	=as ton	-	man	oreas H	0900	2 Easton S	ecretary	N	one
F ANY C AND 3 SHOULD SH	113a. S	AL RESIDENCE (# IN NU TATE Aryland	138. COUNTY P.G.	THER INSTITUTION, GI	13c. CITY OR TOWN Hyattsvi	lle	13d. INSIDE CITY LIMITS? 13e. S	TREET ADDRESS 904 Chillu	ım Gate	Road
6 F 24 /		ATHER'S NAME		NODLE	LAST		15. MOTHER'S MAIDEN NA			LAST
M OH - ZY		Charles	J	. Gre	01.101		Betty Cu	nningham		
AFTER DE STAFFER DE ST	16a. \	VAS DECEASED EVER ES, NO. OR UNKNOWN)	IN U.S. ARMED	FORCES?	III SOCIAL SECURI		17. INFORMANT 5904			
A S I D S		No			579-76-5	1500	Kojo Amoah	(husband) H		
, 500, -		18. CAUSE OF DEAT PART I DEATH W	H (Enter only o	ne cause per life f:	(b), and (c).)	711			BET	WEEN ONSET AND DEATH
ON ST.		8309	IMMEDIATE C	45.7	AS A CONSEQUENCE	OF	u			
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01 W. PREST UTED WITHIN N. PENCIL IN INALTRANINER IALITRALITAL MENTAL HY OR REMOVA		gave rise to cause (a) stating		DUE TO, OR	AS A CONSEQUENCE	OF				
- me > 1 < a		lying cause last.		(c)						
TAL RECORDS, 30 HOULD BE EXECUT RD "PENDING" IN CHIEF MEDICAL EI CHEF ABORA OF HEALTH AND A AL, CREMATION, O	7	PART 2 OTNER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN PART 1 (a).			
RECORDS, ILD BE EXE PENDING** PENDI	CERTIFICATION	19a. DATE OF OPERA	TION	Tini covinii	TION FOR WHICH OPE	DATIONIN	ALC BEREODALEDS		I	
TALR HOUL RRD 'P CHIEF OF HI	FICA	THE DATE OF OPERA	(11014	198. CONDII	ION FOR WHICH OFE	KATION	AS PERFORMED?			AUTOPSY?
OF VIT	ERT	21a EXTERNAL CAUS	SE WAS	21b. TIME OF		21	OW INJURY OCCURRED (ENT	TER NATURE OF INDURY IN ITEM 18		YES NO
Z 210360		UNDERLYING CONTRIBUTING	OR CAUSE OF DEA		MONTH DAY YEA	2 12	sol cups	us a cit	us. 150	re
DIVISIO CERTIF HTING 1 E 3 SHG E 3 SHG E 9 SPRORT	MEDICAL	214 INJURY OCCUR	RED	21e PLACE C		21f. LC	CATION STREET	1 change	1	1 1 1
DIVIS DIVIS THIS CER E, WRITING RWARDED PAGE 3 S STATE DEP	Σ	WHILE NOT AT WORK	ORK P	177	(ORI, PARM, ETC)	13	mi Trom /11	ahman	12/601	- MIT
2 S E		r.		the remains des	cribed abave, held an	Autap	sy . Inspection M	Inquiry , ar	nd in my apınian	
ZU C = 5	2	death resulted fram	: saturglo	aures .	Accident ,	Ricide _	, Homidide . Uni	tetermined manner		
EXAMICERTIF OID BE DIRECTORY		ACTUAL K	+An	111	1/2000		TUTLE SPERTIFY		DATE '7	12.00
CAL THE SHOO SHOO A TH, RAL	1	SIGNATURE	VILLA	46	VNOW	1_"	DAGHACLA	EDICAL EXAMINER	SIGNED /	11-01
TO MEDICAL E EXECUTE THE C EXECUTE THE C TO FUNCTION AFTER DEATH, BALTIMORE, M.		EXAMINER'S NAME (TYPE OR PRINT)	R. La	ne Wro	th		ADDRESS St. Mi	cheal, Mar	vland	
TO A EXEC PAGE AFTE BALT	23a.B	URIAL, CREMATION, R			23c. NAME OF CE	METERY C	OR CREMATORY 23d.	LOCATION		
5000	(Burial	1 7	/17/82	Harmon	v Me	morial L	andover, P.	G.CO.M	ary Land
OHMH-17 20M 1/73 (VR A 15 ME (5))	24. F	UNERAL DIRECTOR I			eral Home		25a. DATE REC'D.	BY REGISTRAR 25	THE CHAN	Che Z. M.
	13	831 Ga.Av	re.NW:	Washin	naton. D.	C.	28.88. 2	3 1982	26	



		FOR		E OF MARYLAND	0 0		0 0 4	- 112
	1 -	STATE REGISTRAR		EALTH AND MENTAL HYG	REG. N	10	7 60 64	4
		EASED NAME FIRST	WIDDLE	AST	20 DATE OF DEATH		AY YEAR 26	HOUR
	SEX	CUBTIS	LEEAC	BEE JR	JULY	5	1982 1	25/
: 3	SEX	MALE	BLACK S. DATE (H DAY YEAR	6. AGE TIN YEARS LAST BIT			URS M
35"		THPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWS	77	9 BALTIMORE CITY C		OF DEATH	
78	8	PSTON	11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) M & MOTEL AL H		120 USUAL OCCUPAT LABORER	ION OF WORKING LIFE	126 KIND OF BUINDUSTRY FACTOF	
200	30 S	ATE COUNTY LAND CARO	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN RIDGELY	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	L DEI	LIVERY	
50	L FA	CURTIS LEE	CREE, SR	IS. MOTHER'S MAIDEN NAMELINA	(NMN) MIDDLE	MAT	THEWS'	
600		AS DECEASED EVER IN U.S. AR S NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? 166 SOCIAL SECURITY NO. E WAR OR DATE NOT KNOWN	RCRDS OF M	EMORIAL F		CASTON,	MD
	NO	Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT	e of lung	inal disease or con	DITION GIVE	APPROXIMATE BETWEEN ONSET /2 de N IN PART 110	
2	CERTIFICATION	90. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINGS ING CAUSES OF D	USED DEATH?
9		PIG. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER PID UNDER CONTRIBUTION OF THE AT WORK	TH HOUR A.M. MONTH DAY YEAR	216 HOW INJURY OCCURR 216 LOCATION STREET	ED {ENTER NATURE OF INJU		RT OR PART 2)	STATE
		20.1 certify that (I) (this hospital saw the deceased alive on above, (I) (wet (did) (did no		nd that in (my) (our) opinion o			9 5 2, that	(I) (we)
	d	226. SIGNATURE	· 8 Carly		MEDICAL STAI	FF CIAN []	6 July	S S
		2d. PHYSICIAN'S NAME TYPE O	PRINT)	22e ADDRESS			/	
		0	P. Carney, M.D.	Easton, Mo	1. 21601			

13th 1013 THE PROPERTY OF THE PROPERTY O Stablen P. Carney M.D. Engton, Md. 215/11 STATE OF SHELLING

	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 1 REG. NO.	9 2 4 5
000e 3		CEASED NAME PIRST	OLD PRATHER	Balbrd 15. DATE OF BIRTH.	20. DATE OF DEATH MONTH DA	YEAR 26 HOUR B 2 10 9 M
1		ale	Caucasian	Jan. 9, 1912	70	ONTHS DAYS HOURS MIN.
VIE	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED	P. BALTIMORE CITY OR COUNTY C	DF DEATH
172		eorgia Ivortown of Death AStaw	11. NAME OF HOSPITAL, NURSI	WIDOWED DIVORCED DIVO	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE) Electrician	I2b. KIND OF BUSINESS OR INDUSTRY Electric
35	M	aryland Car	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 136. CITY OR TOV Oline Hillsk	RE ADMISSION) VN 13d. INSIDE CITY LIMITS? DOTO YES NO	13. STREET ADDRESS Thomas Town	
257	14. FA	THER'S NAME Alvis	Ballard	15. MOTHER'S MAIDEN NA LUVAda		layhew .
medicol	Y Y	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (15 XES GIN	VE TAKED OR DAYES	JRITY NO. 17 INFORMANT 0-7098 Mrs. Hele	an Ballard, Hil	lsboro, Md.
r to buriol, cremotion, or removo injury, or other troumatic event, '	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	TE CAUSE (0) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO		ninal disease or condition given	N IN PART 1(0)
shows ony i	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFYI YES YES	WERE FINDINGS USED NG CAUSES OF DEATH?
Mentol Hygie or Item 18 sho	CAL	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM IB PAR	T I OR PART 2}
morked or	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is	H	sow the deceased alive on	ital) attended the deceased from. 7 — // 19 it) view the body after death.	, 19 , ond that in (my) (our) opinion	death accurred on the date and hour	that (I) (ma) last and from the causes stated
State Dept.		22b. SIGNATURE	& Carney	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7-12-82
MAPORTANT:		32d PHYSICIAN'S NAME (TYPE O	rney, MD	Easton, M	1aRYLANM	
⊼ 3 <u>≥</u> 7	23a B	URIAL, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Denton Cemetery	23d. LOCATION CITY OR TOWN	COUNTY STATE
0M 1/B1 , 4)	24 F)	MRALDRECTOR BY	-anken of		1 Denton Care rector by registrary shares 1 6 1982 Tuncos	arssiculation

of the state of th A Contract of the the west with the standard against the secondary - 1 - 155 S. T. Carney ERSYDS. ROYLAND S. P. Carmey, Ith TO SEN COLLEGE WITH WARRY WAR

		FOR STATE REGISTRAR		PARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	19246
		CEASED NAME FIRST	ZABETH	M. B	2 Auch Amp	20 DATE OF DEATH MONTH	26 82 8 AM
	3 SE	Female	Caucasian	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS BATS HOURS MIN. YRS
35	I	Maryland	76 CITIZEN OF WHAT COUP	MARRIE	DI DIVORCED	PALTIMORE CITY OR CO	UNTY OF DEATH
18	E	ASTON MD	11. NAME OF HOSPITAL, N LIENGT IN SUCH FACILITY, GIVE	Men Men	OR OTHER INSTITUTION HO	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORK Housewif	
E	13a S		other institution give residence NTY 13c CITY OF East	R TOWN	YES NO NO	R.D. 3 BC	ox 164
00		George		rnes	15. MOTHER'S MAIDEN NA/ FIRST Mary	WE	Stage
1		WAS DECEASED EVER IN U.S. AR YES NOOR UNKNOWN) (IF YES GIV NO	217-0	3-5535	Wilson L.	Beatchamp	Easton, Md.
	NOI	PART 1. DEATH WAS CAUSE IMMEDIAT Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON-	SEQUENCE OF	Heart Disco.	est, post miles es & atrial For	NGIVEN IN PART IIa
1	CERTIFICATION	19g DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
1	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE ALWORK NOTIFY WORK 22a.l certify that (I) (this hasping the december of the contribution of the contributi	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, Co	office, FARM, ETC.) from 7 4 3 2 or	211 LOCATION STREET 221 LOCATION STREET STREET 221 LOCATION STREET STR	CITY OR TOWN CITY OR TOWN TO 1 26 death occurred an the date and MEDICAL STAFF DIRECTOR PHYSICIAN	
1		Richard F.	Manegold M	D	The Address Easton		140/
		BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 7-28-82	23¢ NAME OF C	EMETERY OR CREMATORY d Cemetery	23d LOCATION Oxford	Tallbot Md^1E

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Newnam Funeral Home

Easton, Md.

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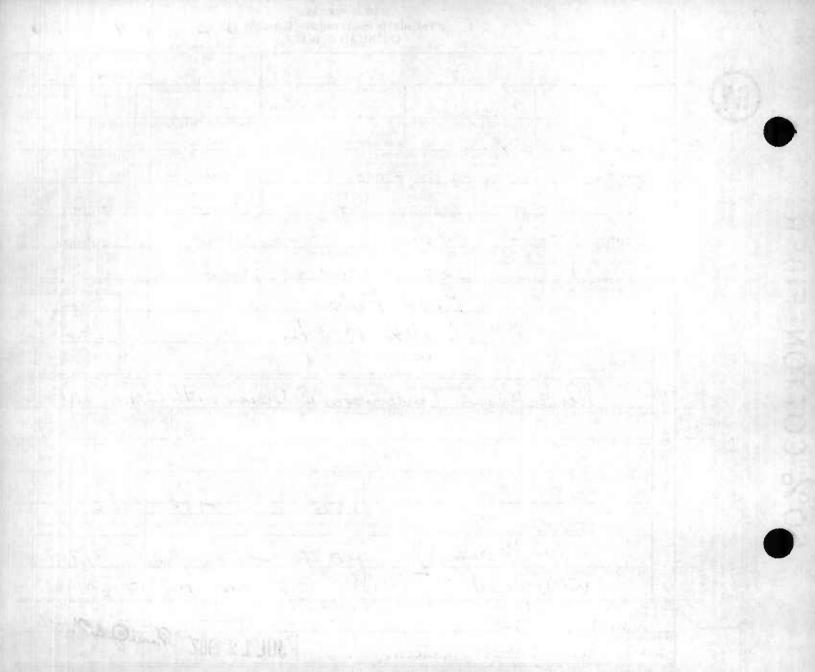
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		FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	1 9	2 4
		France	RSI 4 RACE	MIDDLE	Ts DATE C	2016 DE RIRTH	70 DATE OF DEATH 70. AGE (IN YEARS LAST BI	MONTH DAY - 36 RIHDAYI FEU	YEAR 26 HOL
1) [v. 02.	Female	White			v. 9 ^{AY} 1924	57	YRS	HS DATS HOURS
32	E	RTHPLACE (STATE OR FOREN	U.	S. A.	WIDOWE		P BALTIMORE CITY S Talbot	R COUNTY OF	
78	E	aston	The N	emorial	HOS!	pital at East	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Hous		7b. KIND OF BUSINI NDUSTRY
35	M		county aroline	Pederals	bugg	YES 🕅 NO 🗌	13e STREET ADDRESS	2 Chambe	rs St.
52	>	THER'S NAME Robert	MIDDLE	Young		15. MOTHER'S MAIDEN NAM	MIDDLE		avi s
2		VAS DECEASED EVER IN U VES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES YES, GIVE WAR OR DATES)		-	George Cole	Fede	ralsburg	g, Md.
		Conditions, if ony, who gove rise to immedia	ote (b)	OR AS A CONSEQUE					
and where a conservation	ICATION	gove rise to immedia cause (a), stating underlying cause la	oich (b), ote the cost. (c)_CANT CONDITIONS	or as a conseque	ENCE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	20b. IF YES, WE	N PART ITO ERE FINDINGS USE G CAUSES OF DEA
7	CAL CERTIFICATION	gove rise to immedicaves color color color stating underlying cause le PART 2 OTHER SIGNIFIC COLOR DE CAUSE	ote of the	OR AS A CONSEQUE CONTRIBUTING TO I IDITION FOR WHICH OF INJURY A.M. MONTH DA	DEATH BUT OPERATION AY YEAR		200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	ERE FINDINGS USE G CAUSES OF DEAT NO [
7	MEDICAL CERTIFICATION	gove rise to immedicause ial, stating underlying cause la PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY	of the object of	OR AS A CONSEQUE CONTRIBUTING TO I IDITION FOR WHICH OF INJURY	DEATH BUT OPERATION AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	ERE FINDINGS USE G CAUSES OF DEAT NO [
7		gove rise to immedicate all stating underlying cause la PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE NOT WHILE ALL STATING AND ALL STATING NOT WHILE NOT	ind be determined by the control of	OR AS A CONSEQUE CONTRIBUTING TO I IDITION FOR WHICH OF INJURY A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 PARM ETC.)	N WAS PERFORMED 716 HOW INJURY OCCURR	20a AUTOPSY? YES NO ED (ENTER NATURE OF INJU	20b. IF YES, WE IN CERTIFYING YES THE TRY IN ITEM 18 PART I	COUNTY
STATE OF THE PROPERTY OF THE P	MEDICAL	gove rise to immedicause ial, stating underlying cause la PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF ETHER NOTEY MEDICALE) 21d. INJURY OCCURRED WHILE AT WORK NOTE WHO IS SOW the deceosed of obove, (1) (we) (did) (1) THE SIGNIFICANT NAME	A. Bering	OR AS A CONSEQUE CONTRIBUTING TO I IDITION FOR WHICH OF INJURY A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, F the deceosed from dy after death.	OPERATION AY YEAR 19 PARM EIC)	N WAS PERFORMED 216 HOW INJURY OCCURR 216 LOCATION STREET 19 1d that in (my) (our) opinion of	208 AUTOPSY? YES NO CITY OF TO CITY OF TO A TO CONTROL OF INJUINA MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WE IN CERTIFY INC YES THE STATE OF THE STATE	COUNTY :

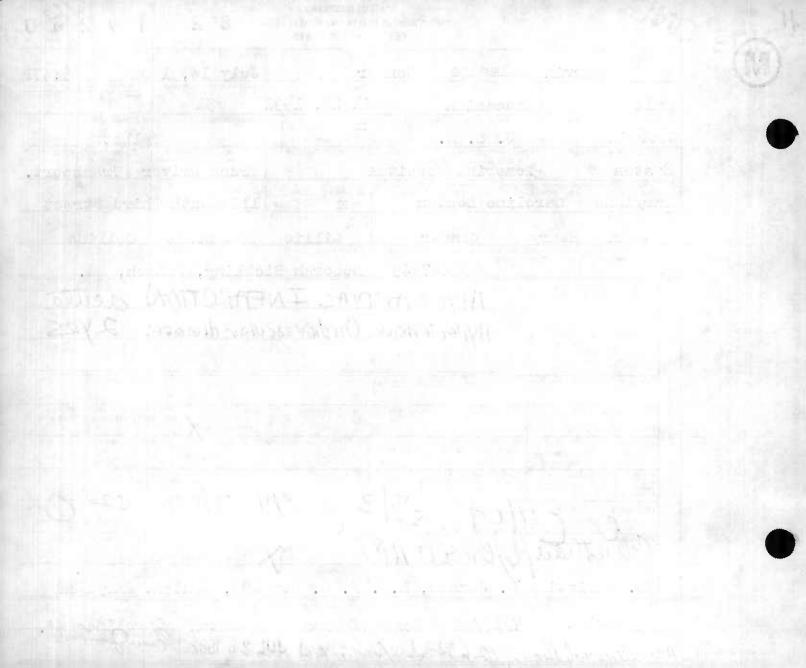
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	+100 e_sos	3 6,0-860 3	a Va

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE R - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE 2g. DATE OF DEATH MONTH 26 HOUR Coleman Emma Mae T117 37 1982 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR 1902 Female Caucasian FEB 26 80 TO BIRTHPLACE I STATE OR FOREIGN L CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED Talbot DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY House in the Pines Housewife Easton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Talbot. Md Easton 218 Tred Avon Avenue 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Stephen Peter uharty Elizabeth Emily Andrew 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) No Louise E. Blades 18 CAUSE OF DEATH (Enter only one couse per line (a)), (b), and a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION DIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX YES NO F 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINERS ö 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE rked NOT WHILE 220.8 certify that (1) (this haspital) attended the/deceased from saw the deceased alive on and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN PIDIRECTOR PHYSICIAN MPORTANT; 22e ADDRESS 236. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Denton Concord Cem Burial 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 Easton, Md. Newnam Funeral Home (VRA 15, 4)



		FOR STATE REGISTRAR		DEP ART.	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO		2 4	9
A)	(TYPE	HOMAS	SIDI		COL	LINS	20 DATE OF DEATH	82	YEAR 26 HO	1 2 0
	SEX	Male	4 RACE Wh:	ite	S. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UND	DER LYEAR IF UNDE	R 24 HRS
35	C	RTHPLACE (STATE OF FOREIGN OUNTRY)	75 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OF		PEATH	MD
78	O CI	AS TON	11. NAME OF	HOSPITAL, NURSINGH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Farmer		KIND OF BUSIN	
3	Me	ryland Car	OR OTHER INSTITUTION JINTY Oline	GIVE RESIDENCE BEFOR 13c CITY OR TOW Denton	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS Rt. 1, Box	57	Lorenting	
\$57)	J. Frank Coll		LAST		Amanda Flee	etwood		LAST	
the medico		AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	220-34-9		Ernest J. Co	ollins, Rt.		7, Dent	on,
injury, ar other traumotic event,	NOI	Conditions, if ony, which gave rise to immediate cause iol, stoffing the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, O	IR AS A CONSEQUENT OF THE CONS	A & e ENCE OF	Rouse Hij	Practured H		PART 11a	
Ano sous	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIFYING YES	RE FINDINGS US CAUSES OF DEA NO	ATH?
	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	EATH HOUR A. ER) P. 21e PLACE	M. MONTH D M.	19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		OUNTY	STATE
		222. SIGN A PACE PLOCE SIGN A PACE PACE SINCE	20	deceased fram_19_		d that in (my) (Jur) apinion	death occurred on the da			
1		THE PHYSICIAN'S NAME I'M	Lewers,			ATTENDING PHYSICIAN [MEDICAL STAF	IAN	7/2/82	
	(5	JRIAL, CREMATION, REMOVA PECIFY) Burial		23c		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN			STATE.
31	H PU	NERAL DIRECTOR NAME Framptom—	Hawkins	Funeral I	Home	Federalshurg	TE REC'D. BY REGISTRAR Mai 3.1983	Many 9	SIGNATURE Z	200

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DHMH - 16 50M 1/81 (VRA 15, 4)

	FOR	DEPAR	STATE OF MARTLAN		8 2	1925	2
P	- STATE REGISTRAR		CERTIFICATE OF DE				
	DECEASED NAME FIRST	WIDDLE	LAST	20	REG. NO	ONTH DAY YEAR 26	HOUR
(1)	Maret	ta L.	DIETER	1-		7-14-821	2 N.
3. 9		4. RACE	5. DATE OF BIRTH	6	AGE (IN YEARS LAST BIRTHE	AY] IF UNDER I YEAR IF	UNDER 24 HRS
	Female	Caucasian	SEPT 15 1	889	92	YRS MONTHS DAYS HE	DURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR		ADDIED []	BALTIMORE CITY OR	COUNTY OF DEATH	
	Delaware	U.S.A.		DRCED	Ta/,	bot	MD
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			USUAL OCCUPATION		USINESS OR
	Easton	Memorial +	lospital at	Easton	Housewif	fe	
130	STATE 136 COU				e. STREET ADDRESS	1.54U.T. U.	1 45
		lbot East			10 Sycamo	ore Avenue	
14.	FATHER'S NAME	MIDDLE LAST	FI	MAIDEN NAME	MIDDLE	LAST	
4 -	WAS DECEASED EVER IN U.S. A	I. Dish:			ADDRESS	Fooks	
00	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)					. M.J
	No I		2-6213 Sheld	ion E.	Dietert	Salisbury	
	PART I. DEATH WAS CAUS	PINE	STONIA			APPROXIMAT BETWEEN ONSI	HOURS
	40/10 MMEDIA	Water Carlotte Control				12	POURS
7	Conditions, if ony, which	DUE TO, OR AS A CONSEC	QUENCE OF				
	gove rise to immediate couse (a), storing the	(b)					
	underlying couse lost	DUE TO, OR AS A CONSEC	OUENCE OF				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED T	O THE TERMINA	AL DISEASE OR CONDIT	TON GIVEN IN PART 110	-
0 N		Dementin,	aringly in	sector	1, was	foilure.	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CHOPERATION WAS PERFOR	MED	20a AUTOPSY? 20	Ob. IF YES, WERE FINDINGS N CERTIFYING CAUSES OF	USED DEATH?
RTIF					YES NO NO	YES 🗌 🗈	40 🗆
_	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		DAY YEAR 216 HOW INJU	JRY OCCURRED	(ENTER NATURE OF INJURY IN	NITEM 18 PART 1 OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	ER) P.M.	19				
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFIC	E. FARM ETC) 21f. LOCATION STREET	•	CITY OR TOWN	COUNTY	STATE
			7/13/82		3/11/8	~	
		n 7/14/82 19	1 /	19	th occurred on the date	ond hour and from the cau	(1) (we) lost
	obove, (I) (we) aid (did n	ot view the body ofter death.	DEGREE		The december of the dote	22c. DATE SIG	
	C	W. Price	T T AT		MEDICAL STAFF	- 17/11	lan
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	220 ADDRESS	YSICIAN LTD	IRECTOR PHYSICIAN	NU MIGH	0
	C.10	.W. BAN	F	Testo	a. Do	21601	
23n	BURIAL, CREMATION, REMOVA	L 23b DATE 23	NAME OF CEMETERY OR CR	EMATORY I	23d LOCATION	1 4 001	
	(SPECIFY) Burial		oodlawn Mem.		Easton	Talbot	Mď
24	FUNERAL DIRECTOR			25a DATE RE	C'D-BY REGISTRAR 256	STRARY SONATES	1
	Newnam Funer	ral Home Ea	ston, Md.	JU	[TO 1885]	Many Just	ender.

STATE OF MARYLAND

JUL IN 1992 Mars Quality

IMPORTANT: If Item 21 is marked or Item 18 shows

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STATE OF MARYLAND	0
EPARTMENT OF HEALTH AND MENTAL HYGIEN	Ö
CENTIFICATE OF BEATH	

5 9

	ECEASED NAME EIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 H
	Doro	thy houise	DIXON	July :	24 8.2 1
3. SE	X	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOUR
	female	white	9-4-1924	57 yrs.	
	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED CENEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	Washington, D.	C. USA	WIDOWED DIVORCED [1 Al Dot	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUS
2	2 ASTON	Memoria	1 Hospital	Insurance Agen	
13a	STATE OUR OF NURSING HOMEOR	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e. STREET ADDRESS	
		Anne Cd. Queen		Box 432 Rt 2	
14. F/		MIDDLE LAST	15. MOTHER'S MAIDEN I	NAME	LAST
	Will A.	Gribble	Agnes	V .	Pedigo
	WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECU	IRITY NO 17 INFORMANT	ADDRESS	
	no	220-12-3	299 Louis Dixo	on same as 13e.	
		DUE TO, OR AS A CONSEQUE	ENCE OF	1 \(\cdot \).	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ence of	when please	٠ .
NO	gove rise to immediate couse (a), stating the underlying couse lost.	(c)		RMINAL DISEASE OR CONDITION GIV	EN IN PART 10
TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.	(c)CONDITIONS CONTRIBUTING TO D		20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS US FYING CAUSES OF DE
CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C	(c) CONDITIONS CONTRIBUTING TO D 196 CONDITION FOR WHICH 216 TIME OF INJURY HOUR A.M. MONTH DA	DEATH BUT NOT RELATED TO THE TE OPERATION WAS PERFORMED 216. HOW INJURY OCC	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS US YING CAUSES OF DE SS NO
MEDICAL CERTIFICATION	gove rise to immediate couse (0), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CO. CONTRIBUTING CAUSE OF DEA	(c) CONDITIONS CONTRIBUTING TO D 196 CONDITION FOR WHICH 216 TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21c. HOW INJURY OCCU	200 AUTOPSY? 20b. IF YES NO YE	S, WERE FINDINGS US YING CAUSES OF DE SS NO
	Gove rise to immediate couse (a), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT COUSE DATE OF OPERATION 198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 214. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 216. I Certify 1hot (1) (this hospit sow the deceased alive on obove, (1) (we) (did) (did not obove) (did)	CONDITIONS CONTRIBUTING TO DE CONDITIONS CONTRIBUTING TO DE CONDITION FOR WHICH 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F. COLORY OFFICE, F. CO	OPERATION WAS PERFORMED AY YEAR 19 21t. HOW INJURY OCCU ARM. ETC.) 21t. LOCATION STREET 19 Oncombot in (my) (our) opinion	200 AUTOPSY? 206. IF YES IN CERTIFYES NO YE	S, WERE FINDINGS UPTING CAUSES OF DE SE NO
	gove rise to immediate couse (0), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT COUSE IN THE SIGNIFICANT COUSE IN THE SIGNIFICANT COUSE IN THE SIGNIFICANT COUSE OF DEAL OF THE SIGNIFY MEDICAL EXAMINER: 11d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER: AT WORK NOT WHILE ALWORK NOT WHILE ALWORK NOT WHILE ALWORK SOW the deceased alive on,	19b. CONDITIONS CONTRIBUTING TO E 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 11b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	OPERATION WAS PERFORMED AY YEAR 19 211. HOW INJURY OCCI STREET 19	200 AUTOPSY? 206. IF YES IN CERTIFYES NO YEDICAL STAFF	S, WERE FINDINGS UT TYING CAUSES OF DE S NO PART I OR PART 2) COUNTY

DHMH - 16 50M 1/B1 (VRA 15, 4)

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24 FUNERAL DIRECTOR Hardesty Funeral

ADDRESS

Woodfield Cemetery Gal 250 DAYEREGD BY REGIL JUL 26 1982

BY REGISTRAN 256. RECEST VAR'S SIGNATURE

COSTANTO LA LA SERVICIO in the latigate to parameter a batter? Burn often Byland Costumbate Vendal Bada Suction Flyaningtol 19 1/251

completely filled in by the fun

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages is with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1.	STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYC ICATE OF DEATH	REG. 1	10	7 4.	3 4
		CEASED NAME E OR PRINT)	PARST MA	RY C.	PRACE	Do	DOWNES	20 DATE OF DEATH		182	HOUR 725
	3_SE	FEMALE	1	BLACI	K	S DATE O		6 AGE (IN YEARS LAST B			UNDE 24 HRS
35		IRTHPLACE ISTATE OR FO	OREIGN 7	U.S.A	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY		OF DEATH	MD
78	10. C	-ASTON	TH I	1. NAME OF I	HOSPITAL, NURSIN FACILITY, GIVE STREET	G HOME C	OSPITAL	12a USUAL OCCUPATION OF TEACHER	ION OF WORKING LIFE	126. KIND OF BI	USINESS OR
\$ \$ \$		AL RESIDENCE (IF NURSI STATE RYLAND	NG HOME OR COUNT AROI		GIVE RESIDENCE BEFORE		136 INSIDECITY LIMITS?	13 PS BEE BORESS	RIDGE	LY, MD	
Somine Somine) F/	ATHER'S NAME OLLIE	M	ACF	REE		CORÁ	MIDDLE	LAMER	LAST	
2 medico	16a V	WAS DECEASED EVER I		ED FORCES? WAR OR DATES) 2			RECORDS OF	MEMORIAL		, EASTON	, MD
injury, or other troumotion	NO	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	ediate g the lost.	(b)	R AS A CONSEQUE METH STA R AS A CONSEQUE OVARIA DISTRIBUTING TO D	ATIC NCE OF	CANCER CANCER NOT RELATED TO THE TERM	(& UARIA)	N IN PART 110	
S shows ony	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS	
1 11		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATI	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	JRY IN ITEM 18 PA	RT 1 OR PART 2)	
is morked or Ifem	MEDICAL	216 INJURY OCCURRI		21e PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
ltem z i is mo		22a. I certify that (I) (sow the decease above, (I) (we) (di 22b. SIGNATURE	d olive on_	7/2	198		d that in (my) to lapinion	deoth occurred on the c			170.11
MPORTANT: If Item 2		Edwa 22d. PHYSICIAN'S NA EDWAIS			MEDOUA	ue.	22e ADDRESS	DIRECTOR PHYSI	CIAN	10 2	1601
<u> </u>		BURIAL CREMATION, R		236. DATE 7-25-	23c N	AME OF C	EMETERY OR CREMATORY CEMETERY	GREENSBO			MD
91	24 Ft	UNERAL DIRECTOR			4 W Y		250 DAT	E REC'D. BY REGISTRAF	256. REGISTR	RAR'S SIGNATURE	

Denton,

Funeral Home

21629111 28 1982

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

III. , 0.1.0 ALESSE KNITSKY TOKEN KU Edward & M. Burrack M. LANG OWN VIT INC. LOUIS BOOK LAST C.S. Hill Federal Hope | Toncon, Mr. 21620Hill CR 2000 Clinical St.

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completely filled in by the funeral dis s 1 and 2 should be filed within 72 ho

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

1925	2	8
1925	2	8

									E D.F. A 7/14	MONTH [
	CEASED NAME	FIRST		MIDDLE	£.	AST		20. DATE O	FDEATH	MOITIN	DAY YEAR	2h HO	UR
TITPE	CATAINI)	Agnes		Elva	Fau	ılkner			JUI	LY 10	1982	12:	20
3. SE	X	. 5 = 4	RACE		5 DATE C			6 AGE (IN	YEARS LAST BIR		IF UNDER 1 YEAR	_	
	Female		Cauc	asian	SEI	РТ. Й8	1902	79		YRS.	MONTHS DAYS	HOURS	Milh
o Bi	RTHPLACE (STATE OR	FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8.	NEVER M	AA PRIED [9. BALTIMO	RE CITY O	R COUNTY	OF DEATH		
N	faryland		U.S.	Α.	WIDOWE		ORCED		Tal	lbot			,
	Easton	ATH 1	(IF NOT IN SUC	HOSPITAL, NURSING CHFACKLITY, GIVE STREET A MOTIAL H	ADDRESS)		ITUTION	(TYPE OF WO	OCCUPATI REFORMOST O SEWI	F WORKING LIFE	12b. KIND (INDUSTRY		IESS (
130 S	AL RESIDENCE (IF NUR STATE Id.	13b COUNT Tal	ther institution.	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Easton		13d INSIDE CI	ITY LIMITS?	13e STREET	ADDRESS 08 N	Hig	gins	St.	
4 FA	ATHER'S NAME	-	2014				MAIDEN NA						
	James	Ĥ	laddaw	ay Ross	3	Em	ma		E.		Mul	liki	in
	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECUE	RITY NO.	17. INFORMAL	NT		ADDRE	SS			
- '-	IO	(IF TES, GIVE		218-24-4	501	Cat	herin	e I.	Marsh	nall	Eas	ton,	1
	Canadatana	1.1		R AS A CONSEQUE		n+ Marc	oard:	-1 T	fore	tion		100le	
NO	Conditions, if any gove rise to im cause (o), static underlying cause	mediote ng the last.	$ \begin{cases} (b) \stackrel{\underline{A}}{\underline{A}} \\ DUE TO, O \\ (c) \stackrel{\underline{A}}{\underline{A}} \end{cases} $	Acute & RAS A CONSEQUE Th	Rece	us						veek	
TIFICATION	gove rise to im- cause (0), static underlying cause	mediote ng the last.	DUE TO, O	Acute & RAS A CONSEQUE Th	Rece	US NOT RELATED	TO THE TERM		SE OR CON	206. IF YES		o) NGS USE	D TH?
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	gove rise to im cause (o), stating underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTHY MED) 21d. INJURY OCCUR WHILE NOTHY ALTWOOD 22a.1 certify that (1) sow the decease above, (1) (we) (22b. SIGNATURE)	mediate ng the e last. NIFICANT CO TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospita ed olive on did) (did not).	DUE TO, O ONDITIONS CO 196 COND 216. TIME CO HOUR A. P. 21e. PLACE (AT HOME STI	Acute & R AS A CONSEQUE MUTAL Th DITRIBUTING TO D ITION FOR WHICH (IF INJURY M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, FA e deceased from	Rece NCE OF FORD PEATH BUT OPERATION Y YEAR 19 ARM. ETC.)	NOT RELATED NOT RELATED 21c. HOW IN. 21l. LOCATIO STREET	TO THE TERM RMED JURY OCCURI ON 19 32 (our) opinion TIENDING PHYSICIAN [200 AUT YES ARED (ENTERN	OPSY? NO CITY OR TO STAIL	206. IF YES IN CERTIFY YES IN ITEM 18 P.	WERE FIND YING CAUSE S ART I OR PART 2) COUNTY	NGS USE 5 OF DEA NO [D TH?
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DHMH-16 30M 2/80 (VRA 15, 4)

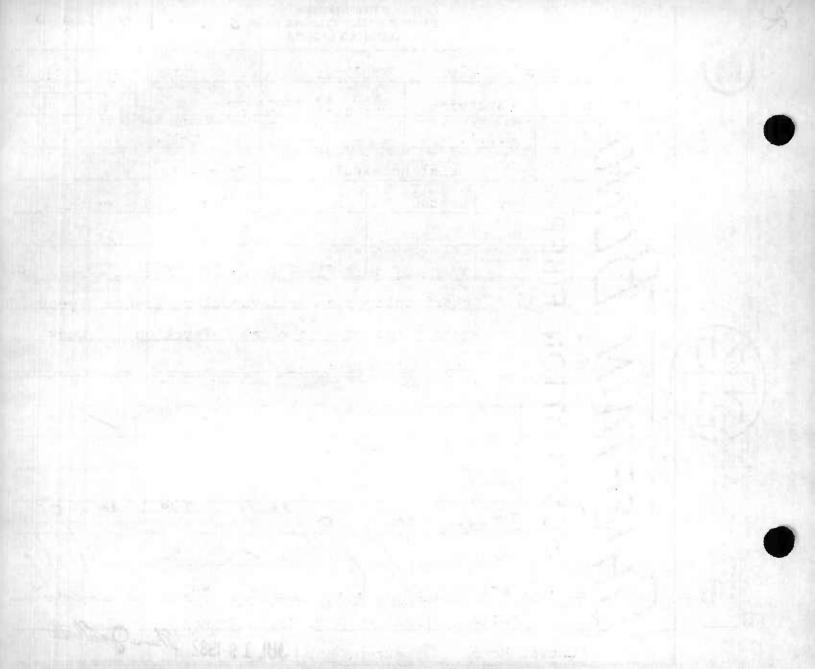
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Newnam Funeral Home

Easton, Md.

JUL 1 9 1982

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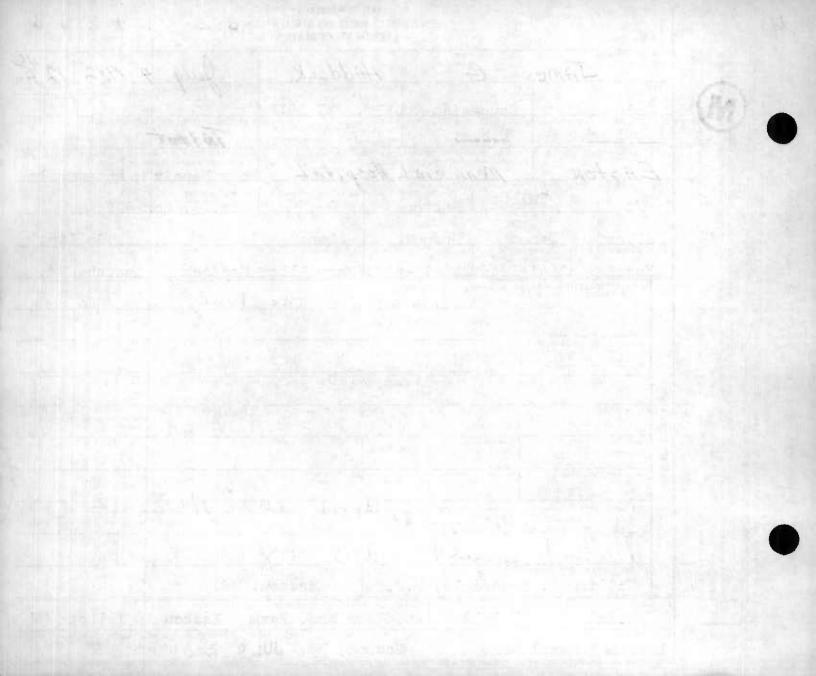


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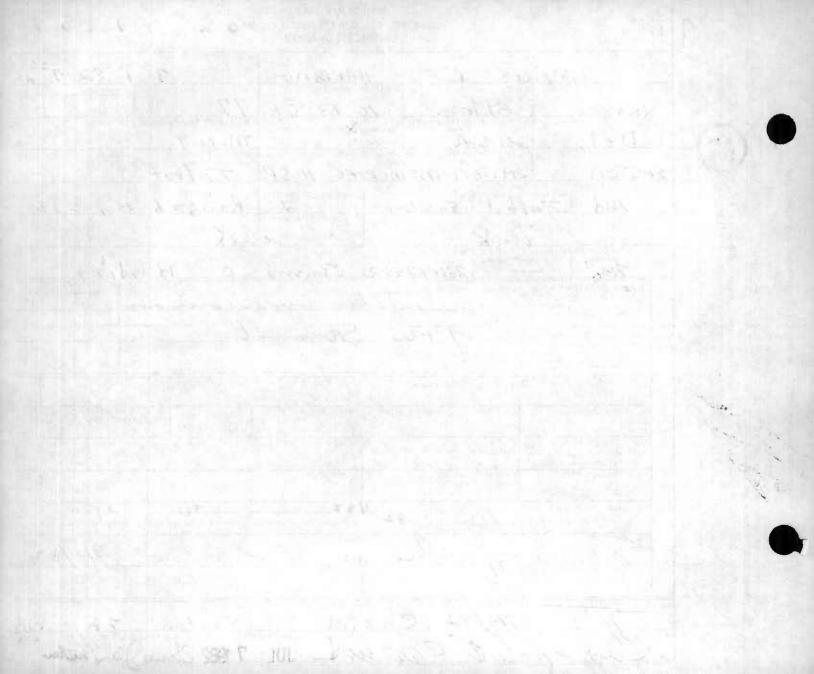
DHMH - 16 50M 1/81 (VRA 15, 4)

	١.	FOR		DEPARTM		E OF MARYLAND BEALTH AND MENTAL	HYGIEN	E8 2	1	9 2	5 8	
	1	STATE REGISTRAR				ICATE OF DEATH		REG. NO		67.00		
		CEASED NAME FIRST	MIDI	DLE		AST	2 a			DAY YEAR	26 HOUR 46	
		JAMes	S G.		H	Addock		July	4	1982	12 AM	
	3 SE	X	4 RACE		5. DATE C		6.	AGE IN THE LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
1.0		Male IRTHPLACE (STATE OR FORFIGN	Caucas		SEPT	. 27 191		63	YRS			
X	M	aryland	U.S.A		MARRIE WIDOWE	D NEVER MARRIED DIVORCED		BALTIMORE CITY O	e COUNTY	OF DEATH	MD	
8	10 C	E A S LOWN	11. NAME OF HO	SPITAL, NURSING	DDRESS)	OR OTHER INSTITUTION	(1	USUAL OCCUPATE YPE OF WORK FOR MOST O	F WORKING LIFE	E) INDUSTRY	F BUSINESS OR	
1	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIV	E RESIDENCE BEFORE		PITAL		ody Repa	ır	Autom	obile	
G	130.	Md. 136 COUN	Ibot 13	Easton	1	134 INSIDE CITY LIMITS		STREET ADDRESS	D			
	14. FA	ATHER'S NAME				15 MOTHER'S MAIDEN		Rt. 6,	Box 4	132		,
X		Albert Jam	ADDLE C	Haddoc	1-	Lena		MIDDLE		Col	lins	
	16a V	WAS DECEASED EVER IN U.S. ARA		SOCIAL SECUR		17 INFORMANT		ADDRE	SS	001	TIHS	-
	,	YES 1941	-1945 2	14-18-	4390	Mary Ell	on l	Haddock	F.	aston.	Md.	
		18 CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED				TIMEY TITE	CIL	`	عند		MATE INTERVAL	
		PART I. DEATH WAS CAUSED		ave mo	ma	of th	e	lung		3	mos	
		1629		S A CONSEQUEN	NCE OF	1500		1	1-1-1			•
		Conditions, if ony, which	(b)									
		gove rise to immediate couse (a), stating the	DUE TO, OR A	S A CONSEQUEN	NCE OF							
		underlying cause lost.	(c)									
	z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONT	TRIBUTING TO DI	EATH BUT	NOT RELATED TO THE T	TERMINA	L DISEASE OR CONE	ITION GIVE	N IN PART 110		
-	CERTIFICATION	19a DATE OF OPERATION	TIME CONDUCTION	NI FOR WILLIAM	DDEB ATIO	N WAS PERFORMED			I and the second			
7	IFIC/	DATE OF OPERATION	196 CONDITIC	ON FOR WHICH C	DPERATIO	N WAS PERFORMED		20a AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?	
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1		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M.	MONTH DAY		THE HOW WISOKI OC	CORRED	LEWISK MATURE OF INJUR	Y IN III M IN Y	AKT TOK PAKT 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M.	INJURY	19	21f LOCATION						
	ME	WHILE NOT WHILE O		FACTORY, OFFICE, FAI	RM. ETC 1	STREET		CITY OR TO	WN	COUNTY	STATE	
		22a. I certify that (I) (this hospita	al) attended the d	eceosed from	A	and 19 %	P2	10 1/4		082	ho (I))we lost	
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		226, SIGNATURE	view the body att	er,deoth.	1	DEGREE		-	-	22c. DATE S		
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		228 RHYSICIAN'S NAME LYPE OR	PRINT			22e ADDRESS	1					
		William J.	Banefie	1d, M.1	D.	East	on,	Md.				
	23a. B	SURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATO	ORY	23d LOCATION	H-1	COUNTS	47.00	-
		Burial	7-7-82	Woo	odla	wn Mem. P	ark	Easto	n	Talbo	t Md	
		JNERAL DIRECTOR	II	ADDRESS			DATE RE	C'D. BY REGISTRAR	25 PEGISTE	RAKSSIGNATI	IRE CAN	
	Ne	ewnam Funeral	Home	-5/100	East	on, Md.	JUL	9 1982 1	nunc	1	AND THE PERSON NAMED IN	



	1	STATE REGISTRAR			DEPAR	CERTIFICA	TH AND MENTAL HY	YGIENE 👸	REG. NO	1 9	2 5	7
deoth deoth		CEASED NAME	THEOD	NPE	MIDOLE	LAST	PEDING	2a DATE OF	DEATH M	ONTH DAY	82 7	HOUR
4 moy or. pog ofter de	3. SI	X		1 RACE	,	5. DATE OF B		6 AGE (IN Y	EARS LAST BIRTH	IDAY) IF UNDI		NOER 24 JRS /
11/	7a E	IRTHPLACE (STATE (OR FOREIGN 7	B CITIZEN O	F WHAT COUNTRY	? 8	13 0 9	9. BALTIMO	RE CITY OR	COUNTY OF DE		
(MYC	10.0	De l	FATH	M S	A HOSPITAL NUIDS	WIDOWED		TALI	30 T	N. Tan	VIII 0 0 1 1 1 1	
18	2	ASTON		EAST	UCH FACILITY, GIVE STRE	EMORIF	. 11.01	(TYPE OF WORK			KIND OF BUS DUSTRY	SINES
and the state of t	13a.	STATE MICE IN NO	136 COUNT	TY Lat	ISC CITY OR TO	WN 13d	INSIDE CITY LIMITS?	13e. STREET	ADDRESS	6 450	1 57	76
1000	14 F	ATHER'S NAME	M	ADOLE 1	LAST	15.	MOTHER'S MAIDEN N	IAME	MIODLE		LAST	
n ond c Poges		WAS DECEASED EVE		MED FORCES? WAR OR DATES)	22(14)		INFORMANT	A	ADDRES	derdi	6 20 C	
he low requires that the death certifica on. has been signed by the attending phys t permit. Then please remove corbanpag tene prior to buriol, cremation, or remove ows any injury, or other troumatic event,	CERTIFICATION	Conditions, if or gove rise to in couse 10, sto underlying cou	ny, which mmediate ting the isse lost.	DUE TO, (c)ONDITIONS C	C	JENCE OF	T RELATED TO THE TER	20a AUTO	OR CONDI	206. IF YES, WERE	FINDINGS U	EATH?
physicic trificote sl-tronsit tol Hygie m 18 sho	4	21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTHY ME	CAUSE OF DEATH	HOUR A	OF INJURY A.M. MONTH I	DAY YEAR	HOW INJURY OCCU		URE OF INJURY	YES	PART 2)	· []
thendi the bu	MEDICAL	21d INJURY OCCU	WHILE O		OF INJURY TREET, FACTORY, OFFICE	FARM, ETC)	LOCATION		CITY OR TOWN	ч со	UNIY	STA
TITAL OR ATTEND by the hospitol of RAL DIRECTOR: e detoched for use Stote Dept: of Hee		27a I certify that (sow the dececobove, (I) (we) 22b SIGNATURE 22d PHYSICIAN'S I	osed olive on (did) (did not)	view the bod	30 10	SZ, and the DEGI	ATTENDING	n death occurred	on the dote	e and hour and fr	that (I com the couses	s stote
TO HOSPI reformed b TO FUNE should be with the S	230	BURIAL, CREMATION	L REMOVAL	23b. DATE 7/6	/	NAME OF CEME	TERY OR CREMATORY		TION OR TOWN	COUN	TY4	STAT

STATE OF MARYLAND



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	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2 1	9261
IN		CEASED NAME FIRST CACUIN	MIDDLE .	Knox	20. DATE OF DEATH MONTH	9 82 15 AM
A(M)	3. SE		4 RACE	S. DATE OF BIRTH Sept 16 1908	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS.
1 11	Ja B	Male IRTHPLACE (STATE OR FOREIGN	Cau. 76 CITIZEN OF WHAT COUNTRY?		74 YRS 9. BALTIMORE CITY OR COUN	
death of the state		Md.	U.S.A.	WIDOWED DIVORCED	TALBOT	MD.
by the filled with	E	ASTON	UIF NOT IN SUCH FACILITY, GIVE STREET	1 MANOR	120 USUAL OCCUPATION (117PE OF WORK FOR MOST OF WORKING Laborer	12b. KIND OF BUSINESS OR INDUSTRY FOOD.
filled in ould be	130.		other institution, give residence sefor Ity 13c. CITY OR TOV Line Greensh		13e STREET ADDRESS None	
uted within 24 hours of completely filled in by the land 2 should be filed to be cominer must be not	14. E.	ATHER'S NAME FIRST Thomas Kn	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	ME MIDDLE	LAST
Pages 1		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT		ADDRESS	oro, Md.
equires that the death certificate bin signed by the attending physiciar. Then please remove carban papers. It abunal, cremation, or removal. injury, or other traumatic event, the injury,	NOI	Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	1 sufframey	+ Left t failure MALDISE GORCONDITION G	2-3 week
N: The low re yysicion. cate has been cansing permit. Hygiene prior B shows any ii.	CERTIFICATION	11% DATE OF OPERATION		OPERATION WAS PERFORMED	YES NOW IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH!! YES NO
SICIA ng ph certifi irriol-tr ental	MEDICAL CE	21s. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CONCONTRIBUTING CAUSE OF DEAL OF DEAL EXAMPLES 214. INJURY OCCURRED	P.M.	AY YEAR THE HOW INJURY OCCURS	II WELLIN HELLIN TO BRUTAN BELLIN (193	B, PART I OR PART (5)
attending the this s the bund W	MEC	WHILE HOT WHILE I	(AT HOME, STREET, FACTORY, OFFICE.	PAIM ETC.)	CITY DE TOWN	COUNTY STATE
by the hospital or ERAL DIRECTOR. Af ERAL DIRECTOR. Af Exacted for use or detached for use of State Dept. of Health ANT: if hem 21 is mo		22s. I certify that (1) (this haspi faw the day associate an above (1) (Fe) (did) (did no 12s. SIGNAPUSE)	(I) offerided the deceased from (I) view the body offer death.	ded that in my (our) apimion of DEGREE ATTENDING PHYSICIAN	medical STAFF	our and from the course shared 7 17 82
etoined by the TO FUNERAL should be det with the State		ALBUT T.	DAWKINS JK	M.D. 14, IV, AU	WOLA ST	2HSTON WHOMEN
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Ceensboro Cemeter	23d LOCATION CITY OF TOWN TY Greensboro	Caroline Md.
DHMH-16 30M 2/80 (VRA 15, 4)	9	UNIER LOUR E 16	ADDRESS	25a D.	1 2 6 1982	

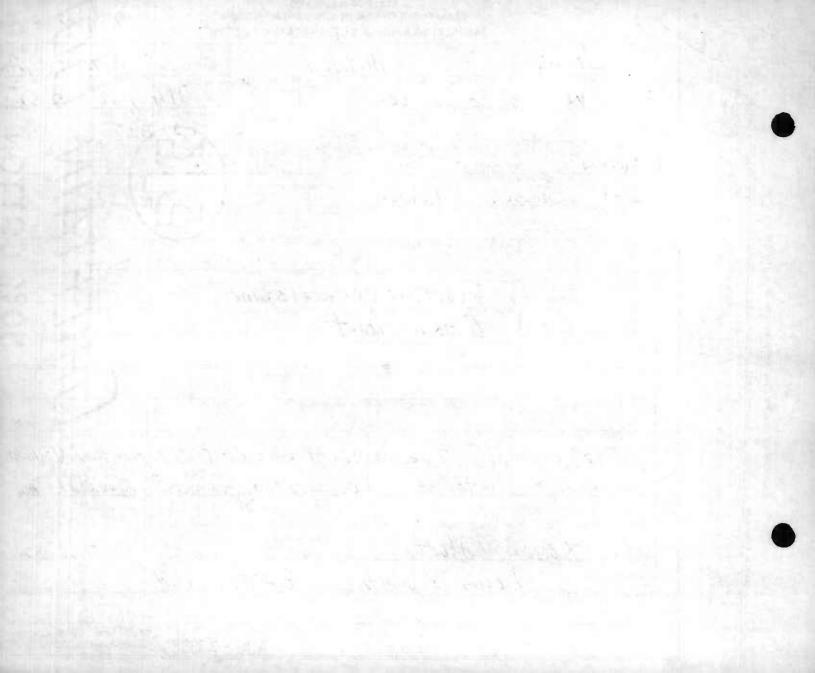
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1,	FOR	DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG	IENE 8 2	9262
	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME Rache	MIODIE	1 O1 · N = A -	26. DATE OF DEATH MONTH DA	Y YEAR 25 HOUR
3. SE		RACE	5 DATE OF BIRTH	A MOE (IN TENNO SHOT SHITTIONTY	UNDER I YEAR IF UNDER 24 HRS
MI	F	W	3 9 1892	90 YRS.	NTHS DAYS HOURS MIN
Pa. B	IRTHPLACE ISTATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY C	
100	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12e USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE)	MD. 12b. KIND OF BUSINESS OR INDUSTRY
d 12	Easton	Home to	Haed Women	NONE (RE)	INDUSTRY
USU 13e	JAL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT	13c CUTY OR TOWN		130. STREET ADDRESS	<+.
THE PARTY OF THE P	ATHER'S NAME	DOLE DIAST	15. MOTHER'S MAIDEN NAM	ME MIDDLE	A LAST
E . 160	WAS DECEASED EVER IN U.S. ARM	ED FORCES? IN SOCIAL SECU	h 20. Tala	ADDRESS +	tnoerson_
	YES, NO OR UNKNOWN) (# YES, GIVE W		1114 MRS. Jean Can	ULAHAN QUEEN A	nne. Hb
c even	PART I DEATH WAS CAUSED		of at b	D 0	METWEEN ONSET AND DEATH
umati	4740 IMMEDIATE	1	use were	na	TURDATA
er tra	Conditions, if any, which	DUE TO, OR AS A CONSTOUR	us arteres &	Fipre	years
or oth	gave rise to immediate couse 10%, stating the underlying cause last.	DUE TO, OR AS ACOUSEOUE	NCED		Crans
y injury	PART 2 OTHER SIGNIFICANT CO	0 1-7	DEATH BUT NOT RELATED TO THE TERM	0.00	NIN PAR (a)
ATIO	190 DATE OF OPERATION	TIPS CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES,	WERE FINDINGS USED
m 18 shows any in				YES NOT YES	NG CAUSES OF DEATH?
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		Y YEAR	RED JENTER NATURE OF INJURY IN ITEM 18, PAR	T 1 OR PART 2)
5 2	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	210 PLACE OF INJURY	ZII LOCATION		
marked	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	CITY OR TOWN	COUNTY STATE
21 is	220 I certify that (I) (this hospito	I) ottended the deceased from	19		
Tem Tem	above Universidated and	w the body after death.	DEGREE (SOL) OPINION	death occurred an the date and hour o	224. DATE/SIGNED
T.:	Ulbort 6	tentus	ATTENDING PHYSICIAN	MEDICAL STAFF	7682
MPORTANT:	A POLITE DE	RINT)	M TO LA ADDRESS	and G Ext	STEN ALGO,
Mith the state of the Mith the	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	IAME OF CEMETERY OR CREMATORY	238 LOCATION	the land
	Burial		nton Cemetery	CITY OR TOWN	oline, Md.
-16 25M 5, 4) 1/79	UNERAL DIRECTOR MAME TELEPORAL SE	ma 12 6 and	14 Doutar 45 JU	E REC'D. BY REGISTRAR 251 REGISTRA	Can Nathan

Former Manager Company of the Compan

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN OF WONTH (TYPE OR PRINT) OF ESTIennie M. DEATH MATED SEX 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF LINDER 24 HRS 5. DATE OF BIRTH DATE DAY YEAR LAST BIRTHDAY RONOUNG LO YRS TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Delaware U.S.A. WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) Dietitian Hospital SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13a. STATE 186 COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? e 4295 580 Pilottown Road NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FORM PM FORM PM FS 14 NOV MIDDLE LAST MIDDLE Alice McChesney (unknown) 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS Lewes. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) PAGES 222-10-8968 No Francis W. Mitchell, Jr DIVISI CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) HEALTH A CERTIFICATION USED 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DED SHOULD BE US DEPARTMENT OF PRIOR TO BURIAL. OF YES NO NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY YEAR UNDERLYING 19 82 CONTRIBUTING CAUSE OF DEATH PRIOR 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION ORWARDED AT WORK AT WHILE STATE E O.Z.m. S. Macks nerwood PAGE 4 SHOULD BE FURW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE ST
BATTMORE, MARYBAND, 2); Inspection X 220 I certify that I took charge of the remains described above, held an Autopsy death resulted from: Natural coures Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL EXAMINER'S NAME (TYPE OR PRINT) 23d LOCATION 236. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 7-29-82 Burial Peter's Episcopa Lewes Del Sussex DHMH-17 20M 1/73 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE (VR A15 ME (5)) Newnam Funeral Home Easton, Md.



FOR

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STATE OF MARYLAND

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STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIFICA	TE OF DEATH	REG	NO.		
	DECEASED NAME	bur	MIODLE	Obe	r	20 DATE OF BEATH	LI 2	1-1982	26 HOUR 35
3. :	SEX	4 RACE		5 DATE OF B	RTH	6. AGE (IN YEAR) LAS		IF UNDER 1 YEAR	IF UNDER 24 HRS
	male	cauc	asian	nov.	23, 1900	81	YRS.		ALIA .
10.	BIRTHPLACE (STATE ORI	OREIGN 76 CITIZEN	OF WHAT COUNTRY	MARRIED C	NEVER MARRIED	9 BALTIMORE CIT	OR COUNTY	OF DEATH	
4	Penna	US		WIDOWED	100		U bot		MD.
8	EASTON	Mes	OF HOSPITAL, NURSI N SUCH FACILITY, GIVE STREE MOVIA	HOSO.	Fal	(TYPE OF WORK FOR MO		E) INDUSTRY	BUSINESS OR
13	o. STATE	136 COUNTY Talbot	130. CITY OR TOV	VN 113d	INSIDE CITY LIMITS?	13e. STREET ADDRES		over S	+
	FATHER'S NAME				MOTHER'S MAIDEN N	IAME	Walle Co.		L •
	Dav:	id W. Obe	LAST	11.50	Mary D)ihert		1.451	
160	. WAS DECEASED EVER		S2 166 SOCIAL SEC	URITY NO. 17	INFORMANT		DRESS		
	no	(IF TES, ONE WAR ON DATE		-8279 1	Ruth D. C	ber		see it	em 13
	18. CAUSE OF DEAT PART 1. DEATH W	H (Enter only one couse AS CAUSED BY: IMMEDIATE CAUSE (c	Hr. 1	Muse	randea	lutar	ct	Rou	ATE POTENCIAL INC.
	4100 Conditions, if any,	DUE TO	o, or asyltonseou	JE OF ME	Rardis	I enfa	nct	dae	12
	gove rise to im- couse (a), statin underlying couse	g the DUETO	O, OR AS ACONSEOL	IENCE OF	ial So	car		wee	hs
NO.		Done	S CONTRIBUTING TO	DEATH BUT NO	RELATED TO THE TEN	MINAL DISEASE OR CO	ONDITION GIV	EN IN PART 110	
CERTIFICATION	19a DATE OF OPERA	19b CC	INDITION FOR WHICH	OPERATION W	AS PERFORMED	200. AUTOPSY?	IN CERTIF	YING CAUSES O	
	OR CONTRIBUTION TO	AUSE OF DEATH HOUR	AE OF INJURY C.A.M. MONTH D P.M.	AY YEAR	HOW INJURY OCCU	IRRED (ENTER NATURE OF	NJURY IN ITEM 18 P	ART I OR PART 2)	
MEDICAL	21d INJURY OCCURE	RED 21e PLATHON	ACE OF INJURY E. STREET, FACTORY, OFFICE	211	LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
	saw the decease	(this hospital) attended ad alive an [id] (did not) view the b	.19		ot in (my) (aur) apinio	n death occurred on th			hat (I) (we) last ouses stated
	226 SIGNATURE	of a	Sant	DEG	REE ATTENDING PHYSICIAN		TAFF	1/2	182
	22d. PHYSICIAN'S NA		+ M D	22	ADDRESS	ston, Mar		21601	/
230	Davi BURIAL, CREMATION,			NAME OF CEME	TERY OR CREMATORY		yland	21001	
	(SPECIFY) Cremation					ory Lewes	Suss	ex, De	laware
-	FUNERAL DIRECTOR	1, 22				ATE REC'D. BY REGISTR		RAR'S SIGNATU	IRE .
	Norman Fir	noral Hor	ADDRESS	on Md	11111	27 1982	isaces	Jan / la	ithen

Easton, Md.

Funeral Home

Newnam

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPARTM		ALTH AND A	MENTAL HYGI EATH	IENE 8	2 REG. N	10.	9	2	6 6)
	I DECEASED NAME FIRST (TYPE OR PRINT) Helen	WIDDLE O,	Don	ovan		2a. DATE O	FDEATH	MONTH	DAY	YEAR	26 HOUR	
	Female	Caucasian	5. DATE OF MONTH	BIRTH DAY 22 1	YEAR 1 908	6. AGE (IN)	TEARS LAST BI	RTHDAY)	MONTH	DER I YEAR	IF UNDER 24	1 /
5	Maryland		WIDOWED		ORCED	9 BALTIMO	Tall	oot	TY OF D	EATH		M
8	Easton	NAME OF HOSPITAL, NURSING	spita		ITUTION	120 USUAL (TYPE OF WOR		OF WORKING		L KIND O DUSTRY	F BUSINES:	S OF
6	ISUAL RESIDENCE (IF NURSING HOME OR OTH 136 STATE 136 COUNTY	13c. CITY OR TOWN	11:	3d INSIDE CI	TY LIMITS?	13e STREET	ADDRESS	Box	531)		
	14 FATHER'S NAME FIRST Frederick C.			5 MOTHER'S	MAIDEN NAM		WIDDIE	DUX	13	IASI		
	160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W NO 18 CAUSE OF DEATH (Enter only of	ED FORCES? 166. SOCIAT SECUR VAR OR DATES) 090-24-	3412	7 INFORMAL	NT	O'Dor	ADDR			on,	Md.	Al
	PART I. DE ATH WAS CAUSED B	BY:	tico	acid	losis	,				< 24	Ars	ATH.
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	(b) DUE TO, OR AS A CONSEQUEN	NCE OF	mel	Vitu.	la l						
į	PART 2 OTHER SIGNIFICANT COM	NOTIONS CONTRIBUTING TO DE		or RELATED	TO THE TERMI	NAI DISEAS		DITION G	IVEN IN	PART 110		n e
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH O	PERATION	WAS PERFO	RMED	YES Y	DPSY?	IN CERT			GS USED OF DEATH	?
1	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	21c. HOW IN.	JURY OCCURR	ED (ENTER NA	TURE OF INJU	IRY IN ITEM 18	PART 1 O	R PART 2)		
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FAR		LOCATIO STREET	N		CITY OR TO	NWO	C	DUNTY	STA	TE
	270 1 certify that (1) Whis hasnital)	ottended the deceased from	6-31	b	10 82	- 10	7-4		10 8	2	4-100	3.1

MPORTANT: If He

DHMH - 16 50M 1/81 (VRA 15, 4)

Robert W. Trever, M.D. 7-7-82 230. BURIAL, CREMATION, REMOVAL Burial

231 NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

21601 23d LOCATION Easton

and that in (my) (our) opinion death occurred on the date and hour and from the causes stafed

Woodlawn Mem. Park

RD3

ATTENDING PHYSICIAN

Talbot Md

22c DATE SIGNED

24 FUNERAL DIRECTOR Newham Funeral Home ^ Easton, Md.

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And the state of t	

< Y	١,	FOR	DEPARTMEN	STATE OF A	MARYLAND HAND MENTAL HY	GIENE 9		9 2	67
-	1.	STATE REGISTRAR	MEDICAL EX	AMINER'S	CERTIFICATE OI	DEATH	REG. NO.		TO COLUMN
	1. DE	CEASED NAME	MIDDLE		الما	2a. DATE N		MONTH DAY	YEAR 26. HOU
35		Hice	houis	e	repper	OF DEATH	MATED	125	1982 AP
(A	Fe Fe	male White	MONTH DAY YEAR LA	ST BIRTHDAY) MONT	DER 1 R. IF UNDER 2	4 HRS. 2c. DATE MIN PRONOUN DEAD	CED 7	25	\$2 7.49
31		RTHPLACE (STATE OF REGIN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	10	IED NEVER MARRIE	9 RAITIM	RE CITY OR C	OUNTY OF	PEATH
20	h	laryland	U. S. A.	WIDOV	VED DIVORCE		4/60	611	-E/A/Lin
8	1	HEAD TO NOOT BEATH	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET. Easton Memori	GHOME, OR OTH ADDRESSI Al Hospi	tal	12a. USUAL OCCUP FOR MOST OF WORK Secreta:	ATION (TYPE OF ING LIFE) Ty Cann	ing Co	OR INDUSTRY
	Tila. S	AL RESIDENCE (IF IN NURSING HOME C TATE NH. COUN LTVI and Caro		own Isburg	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRES	Road		
=	-	ATHER'S NAME		Q	15. MOTHER'S MAIDEN	NAME			LAST
Į	2		ury Pepper		Mary	G.		Smith	LOS!
	16a. \ (Y	VAS DECEASED EVER IN U.S. AR. ES, NO, OR UNKNOWN) (IF YES, GIVE	LED FORCES? VAR OR DATES)	SECURITY NO.	Mrs. Gilb	ert Wrigh	ADDRESS Fee	derals	burg, Md.
		PART I DEATH WAS CAUSE	one cause per line for (a), (b), and BY:	arush	IN JURIES	TO HET	Ю	BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	7	0121	DUE TO, OR AS A CONSEQ		reidont	-		10	
	18	Conditions if any, which gave the to immediate course (a) stating the under-	(b) HUIOMOL	116 11	agene				A
		lying couse last.	(c)	UENCE OF					
	z	PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART	î î (a).			
	CERTIFICATION	1% DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION W	AS PERFORMED?		-	20.	AUTOPSY?
ć	I								YES NO
j	100	210 EXTERNAL CAUSE WAS UNDERLYING OR	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 1	OW INJURY OCCURRED	1 1 1	-	I OR PART 2)	
	DICA	CONTRIBUTING CAUSE OF			Tents Vehicle	4	ruck		
	×	WHILE AT WORK NOT WHILE	STREET, FACTORY, FARM, FEG.)		STREET	FED EN	Sishure	COUNTY	line MD"
	1		of the remains described obove, b	eld an Autop	sy . Inspection	N	No.	my opinion	
-	1	death resulted from: Notu	ol coures , Accident	Suicide _	, Homicide .	Undetermined mo			/ /
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	24. F	UNERAL DIRECTOR	ADDRESS - A	LICTUST	25a. DATE RE	C'D. BY REGISTRAF			
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3 : 70. 3 : 10	DECEASED NAME (TYPE OR PRINT) SEX Femal 6. BIRTHPLACE (SI Marylan		4 RACE	G.		POPE		20. DATE O		ONTH	DAY	YEAR	26 HOUR
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3 7a.	Femal BIRTHPLACE (ST Marylan				_					7	31	82	11:15 A
7 10	Marylan			LINE COLUMN	5. DATE C		YEAR	6 AGE (IN)	EARS LAST BIRTH	(DAY)	MONTH	DER I YEAR	IF UNDER 24 HR
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- Us				S.A.	WIDOWE		IVORCED [TA	ILBO	T			٨
a Us	O CITY OR TOWN C			F HOSPITAL, NURSII UCH FACILITY, GIVE STREET		OR OTHER INS	STITUTION	120 USUAL	OCCUPATION FOR MOST OF	N WORKING		b. KIND O	F BUSINESS C
U	EASTON	-	MEM			ITAL		Hous	ewife	2			
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160	60 WAS DECEASED		MED FORCES?			17 INFORM			ADDRES				
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DHMH-16 50M 1/81 (VRA 1S, 4) 74 FUNERAL DIRECTOR
Newnam Funeral Home

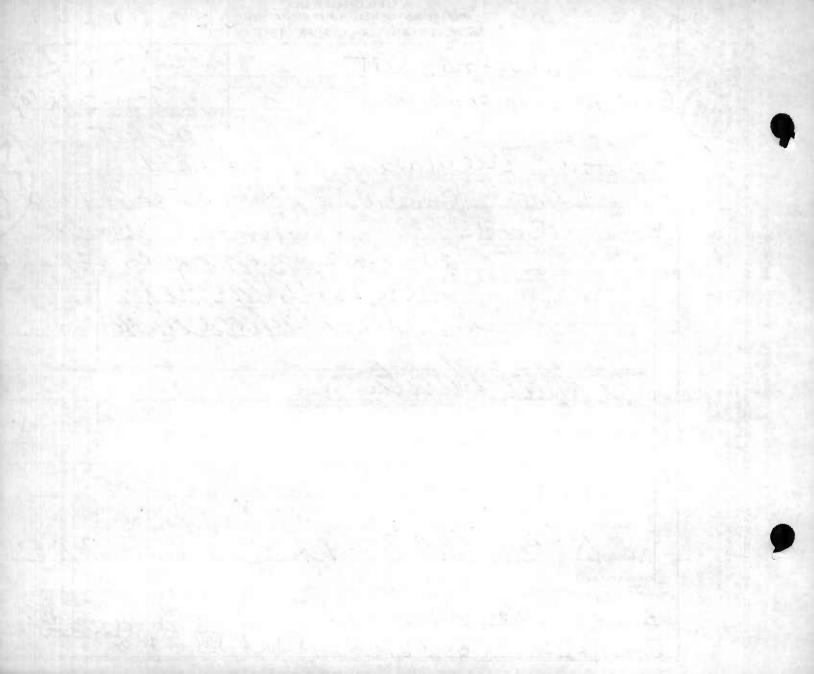
Easton, Md.

DATE REC'D. BY REGISTRAR 256 REGISTRAP'S SIGNATURE

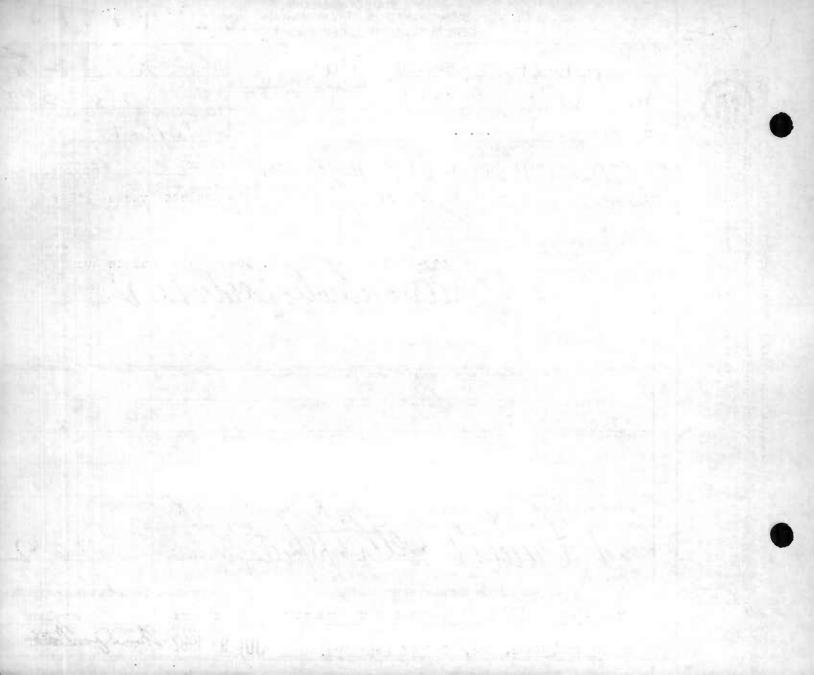
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	ATE: OR: OR: OR: O. 2		22s. I certify that I took charu	he remains described above,	held on Autap	osy 🔲, Inspection 🕍	, Inquiry 🔼 , an	id in my opinian		
	EXAMINER CERTIFICAT ULD BE FO DIRECTOR: WITH THE ARYLAND;		death resulted trans	al sources Accident	1 State	Homkide . Uho	determined manner			
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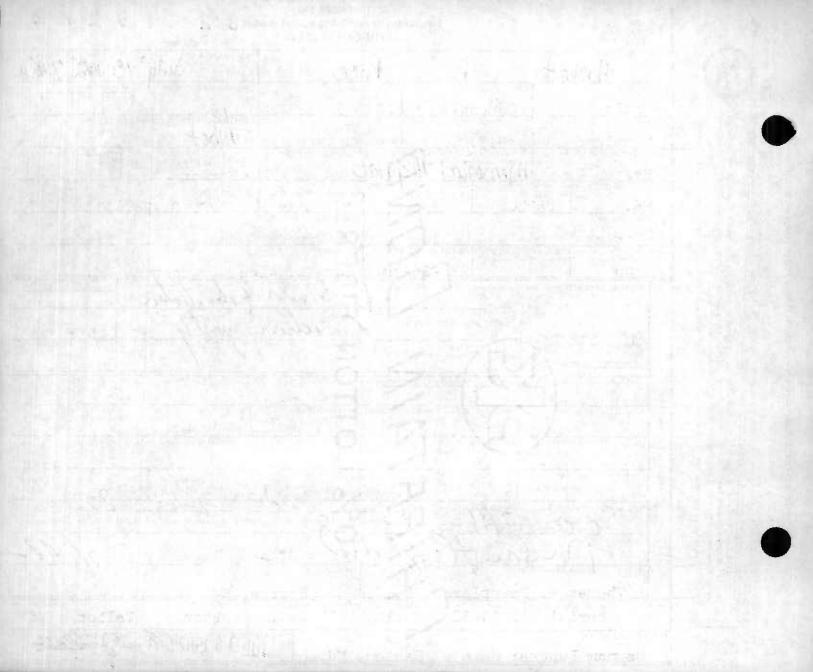


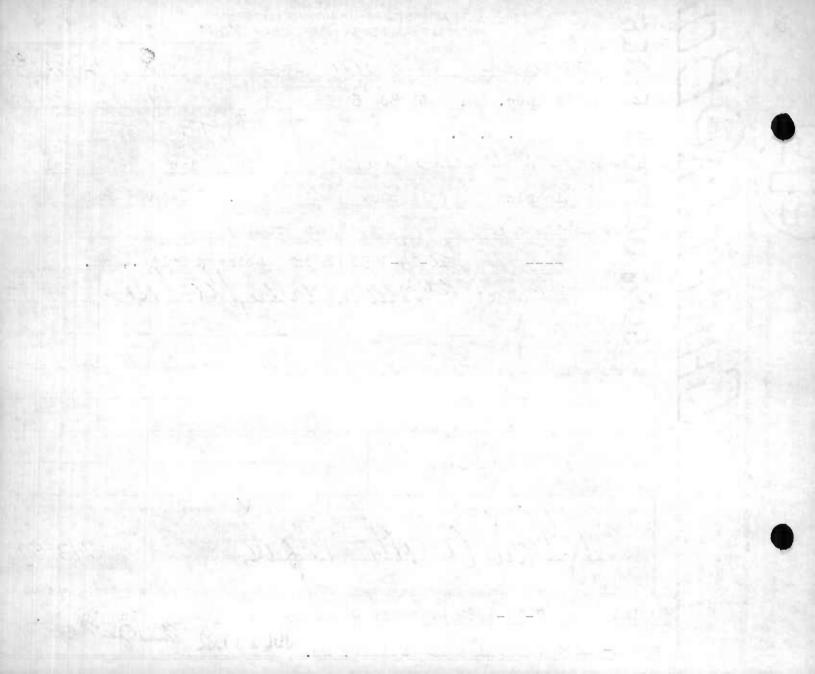
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN (TYPE OF PRINT) ALTON DOUGLAS PUSEY DEATH MATED RACE 5. DATE OF BIRTH A. AGE (PAYEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE эм()не] н LAST BIRTHDAYS RONOUNCED 9 12 69 DEAD YRS TE CITIZEN OF WHAT COUNTRY? BIRTHPLACE ISTAILOR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED P NEVER MARRIED FOREIGN COUNTRY U.S.A. Maryland WIDOWED [ M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17s USUAL OCCUPATION (THE OF WORK 17h KIND OF BUSINESS OR INDUSTRY Chauffer reston Frucking Go. Baltimore In STATE NA COUNTY 134. INSBE CITY LIMITS? 13s. STREET ADDRESS 414 Hazlett Avenue 21229 Maryland YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST LAST LITTLE THOMAS PUSEY ELLA 17. INFORMANT ADDRESS IN. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 21229 1 P YES, GIVE WAR OR DATEST NO Pauline R. Busev 414 Hazlett Avenue 19-16-3004 18. CAUSE OF DEATH (Enter only one couse of PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 18s DATE OF OPERATION INL CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? NO. 71s. EXTERNAL CAUSE WAS 216. TIME OF INJURY THE HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TERM TERMART ) OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE INJURY OCCURRED THE PLACE OF INJURY (AT HOME 711 LOCATION STREET STREET, FACTORY, FARM, ETC.) STATE CIEV OR 10 WHI COUNTY WHILE AT WORK THE Inspection X 27a. I certify that I book charge of the remains described above, held an Autopsy and in my opinion death resulted ! Midetermined manner ACTUAL EXECUTE THE CASE A SHOW AFTER DEATH AFTER DEATH AFTER DEATH AS A STORY OF THE CASE AND A STORY OF THE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAM TYPE OR PRINT) 23L NAME OF CEMETERY OF CREMATORY 234 LOCATION 73a BURIAL CREMATION, REMOVAL 73b DATE COUNTY 7/7/82 Cremation Loudon Park Crematory Baltimore Maryland 25st DATE REC'D. BY REGISTRAR DHMH-17 20M 1/73 14. FUNERAL DIRECTOR 21229 (VR A15 ME (5)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave.



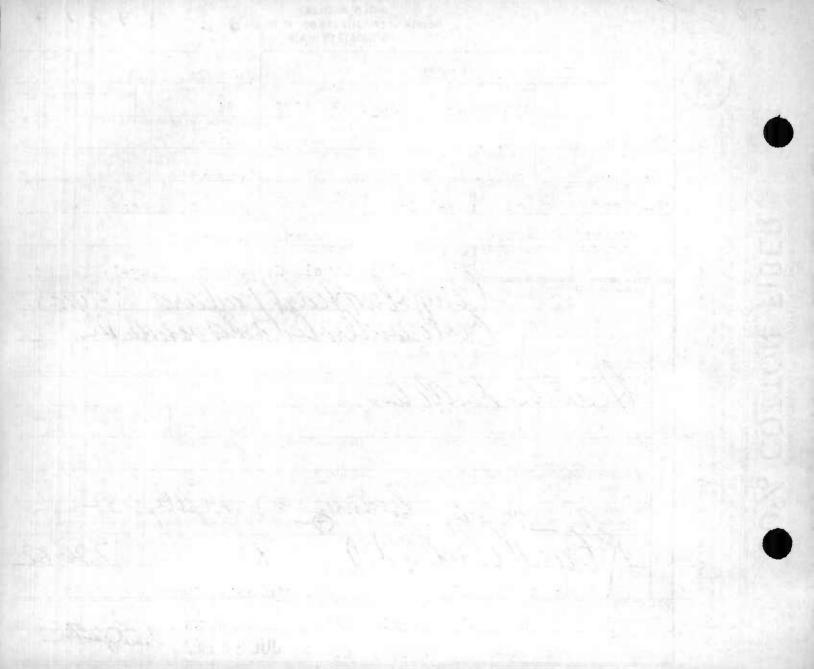
STATE OF MARYLAND

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	1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	19276
£		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
-		SARA	M ildrest	Scott	•	7 17 829
潮展)	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR IF UNDER 2
TANT		Female	White	May 20 1905	77	YRS.
335		IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	U. S. A.	MARRIED NEVER MARRIED X	BALTIMORE CITY O	R COUNTY OF DEATH
78	1	EASTON	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET ASTON NEMO	ADDRESS) HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O	
35	13a M	aryland Car	HER INSTITUTION GIVE RESIDENCE BEFORE NITY Oline   130 CITY OR TOW Federals	Durg YES NO	13e. STREET ADDRESS	ral Ave.
057	)	Chester A.	Scott Scott	15. MOTHER'S MAIDEN N. M.Tanio	AME	Sutherland
. Poges		NAS DECEASED EVER IN U.S. AF YES MOOR UNKNOWN) (IF YES, GI	MED FORCES? VE WAR OR DATES)  16b SOCIAL SECU 222-22-5		Nyatt F	ss ederalsburg, Md.
leose remove corbanpop ial, cremotian, ar removal or ather troumotic event, t		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	tu beat come		APPROXIMATE INTERVENIONSET AND
r to bur injury,	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	DITION GIVEN IN PART 110
Ms of m	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO
Mentol Hygier or frem 18 shov		2]a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE		19	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART ( OR PART 2)
olth and M morked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	ATTENDED	CITY OR TOV	
for use of Heol		sow the deceased alive or	ottended the deceased from 19 19 19 view the bady after death	12 -18 , 19 75	death occurred on the do	ote and hour and from the causes stat
		22b. SIGNATURE	7	DEGREE		22c. DATE SIGNED

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

23b. DATE

July 20 -82

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

231. NAME OF CEMETERY OR CREMATORY Hillcrest

EMATORY 23d LOCATION
FOR TOWN 15 DUTE COUNTY MAYE

250. DATE REC'D. BY REGISTRAR REGISTRA STONATURE

250. DATE REC'D. BY REGISTRAR REGISTRA STONATURE

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Easton, Md.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

Newnam Funeral Home

DHMH-16 30M 2/80 (VRA 15, 4)

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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MPORTANT: If Item 21 is morked or Item 18 shows ony injury, ar other troumatic event, the medical

1,	FOR STATE		DEPART		E OF MARYLAND EALTH AND MENTAL HYG	SIENE 8 2	19:	279
	REGISTRAR				ICATE OF DEATH	REG. NO		
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(TYP	E OR PRINT)	Jessie	Μ.	Sin	PSON	,	7 14 8	2/15
3. SE	X	4 RACE	E-10-0	5. DATE C	DI BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1	YEAR IF UNDER A HRS
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70 B	IRTHPLACE (STATE OR FO	OREIGN 76 CITIZEN OF	WHAT COUNTRY?	8 *** A D D (F)	D NEVER MARRIED	9 BALTIMORE CITY OF		н
	Pennsylva	nia U.S	S.A.	WIDOWE		IAI	601	
10 C	ITY OR TOWN OF DEA	TH II. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION		ND OF BUSINESS O
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13a	AL RESIDENCE (IF NURSI	NG HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
1	Md.	Talbot	Easton		YES 🔀 NO		asant Pla	ace
14 F/	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		
	Luther	A.	Smith	1	Mary	Florence	ce Ki	raft
	WAS DECEASED EVER I	N U.S. ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRES		
10	No	(IF TES, GIVE WAR ON DATES)	216-38-	9404	M. E. Newn	am. III	Easton	Md.
	18 CAUSE OF DEATH	Enter only one cause per						PROXIMATE INTERVAL VEEN ONSET AND DEATH
91	PART I. DE ATH WA	AS CAUSED BY:	arteria	colun	sty carre	la sola scular	~ drear	EEN ONSET AND DEATH
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	gave rise to imm	ediote	20-00-	-		75-550	, _	
	cause (a), stating underlying cause	ost DUE TO, O	R AS A CONSEQU	ENCE OF				
18	DART 2 OTHER SIGNI	(c)	ON IT DIRECTOR	DF 4 711 D1 17				
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CERTIFICATION	190 DATE OF OPERAT	ION 196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FIR	NDINGS USED
E	7-2-1	12	sans	reny	e extremit	'y	IN CERTIFYING CAU	JSES OF DEATH?
ERT	21a. ACCIDENT WAS UNDE	RLYING 216. TIME C	DE INTURY		21c. HOW INJURY OCCURR	YES NO	YES [	NO 🗆
	OR CONTRIBUTING C	AUSE OF DEATH HOUR A.	M. MONTH D.	AY YEAR	THE TIOM INSIGN OCCOR	LEMER NATURE OF INJURY	TIN ITEM 18 PART I OR PAR	1.2)
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1		this hospital) attended the		Mar	CA 15 19 8 C	10 males (	7 19 82	, that (I) (we) lo
	saw the deceased above, (1) (w	didd not view the body	atter death.	-	d that in (my) (our) opinion (	death accurred an the da	te and haur and fram	the causes stated
	27h SIGNATURY	X Too			DEGREE	MEDICAL		ATE SIGNED
- 10	HU	Jan Jones		M		DIRECTOR PHYSICI	AN [] 7-	16.82
	22d. PHYSICIAN'S NA	ME PEPE OR PLINT)			22e ADDRESS		0 0	, 1
	Kin.	Jancher	R.B. S	anche	2 355 CM	umerce	or Ea	you we
23o. E	BURIAL, CREMATION, R	EMOVAL 23b. DATE	23c. 1	NAME OF CI	METERY OR CREMATORY	23d. LOCATION		
	Burial	7-17-	-82 C	xfor	d Cemetery	Oxford	Talbo	t Md
24 FL	UNERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR 2	Sh. RECHTRAR'S STO	NATURA
		uneral Hom		on. M	4D 21601	JUL 19 1982	Manne of	- Carrier

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Easton,

DHMH - 16 50M 1/B1 (VRA 15, 4)

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DIVISION OF VITAL RECORDS.

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marked at 11 mm 18 shows any injury, ar other troumatic event, th

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THE THE	DECEASED NAME	EIDUT

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

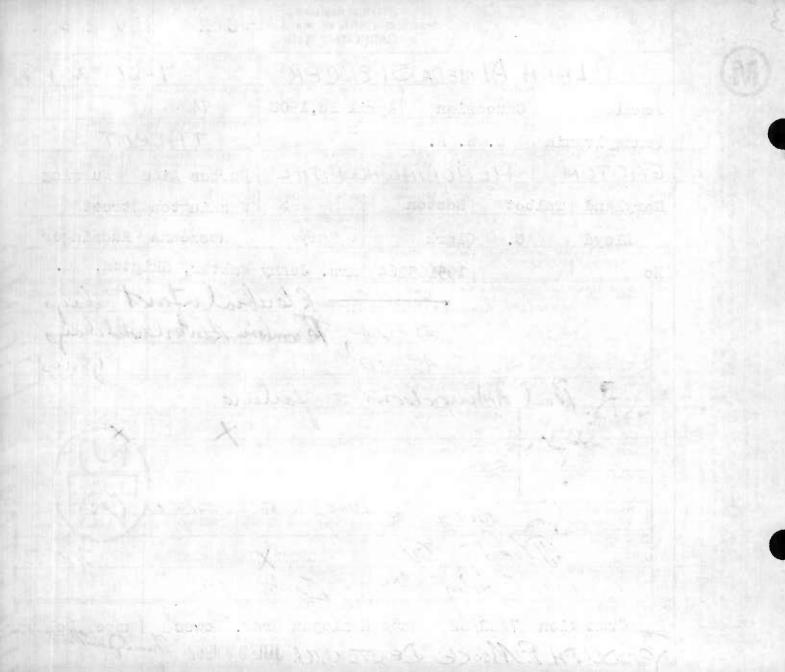
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REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	
DECEASED NAME FIRST	WIDDLE		AST		MONTH DAY YEAR	2b HOUR
	LIAH W		SMITH		7-20-8	3 2 7 PM
3. SEX MALE	* NEGROE	JUN	E 1.3, 1.901.	6 AGE (IN YEARS LAST BIR	THDAY)  IF UNDER TYE.  MONTHS DAY  YRS.	
O. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
MARYLAND	U.S.A.	WIDOWE	3.7	TA	LBOT	MD.
EASTON	11. NAME OF HOSPITAL  IF NOT IN SUCH FACILITY, O		SPITAL	124 USUAL OCCUPATION OF THE TIRED	ST. NICHA	OF BUSINESS OR
OSUAL RESIDENCE (IF NURSING HOME 136 STATE 136. CO	JNTY 13c. CITY	OR TOWN T. MICHA	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 1,04TRUS	WILLING C	0.
WALTER SMITH	WIDDLE	LAST	MARY CO			LAST
160 WAS DECEASED EVER IN U.S., (YES NOOR UNKNOWN) (IF YES, C	RAMED FORCES? 166 SOC GIVE WAR OR DATES) 229	-26-8403	DOROTHY H			Y ST.
Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN:	DUE TO, OR AS A CO		NOT RELATED TO THE TERMI	in al disease or con	DITION GIVEN IN PART	110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOI	R WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH?
00 000000000000000000000000000000000000	EATH HOUR A.M. MOI		21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUS		
WHILE OF WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
22a.1 centre that this has	/ - 1 / 1	000	d that in (my) ( <del>our)</del> opinion d	e, to	ste and hour and from the	he couses stated
THE PHYSIC CAN CHANGE	Whole	1, M	ATTENDING PHYSICIAN Ze ADDRESS	MEDICAL STAP DIRECTOR PHYSIC		TE SIGNED
R. Lane Wro	th. M.D.		St. Michaels	s. Md. 2166	3	
23a BURIAL, CREMATION, REMOVA		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BURTAT.	JULY 24	1082 TH	IOMAS MEMORI	AT CT WIT	CHARTS TA	TROT MA

DHMH - 16 50M 1/B1 (VRA 15, 4)

25 JULE REC'D. BY REGISTRAR 25 DEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

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J. V.Je	YDEORINGS	хв/2/лнот,	. 26 S MOLLA	T JUNEAU EAS
THE PURCH OF				
	. THE LAND TAKE	1977.427.73 14.020 = 600-		
	THE THE TALK	January 2		
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		January 2		



- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH REG. NO 2a. DATE OF DEATH MONITH 2h HOUR 6 AGE LIN YEARS LAST BIRTHDAYS IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION 17h, KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY waterman and campenter 13e STREET ADDRESS Box #292 MIDDLE Dreer ADDRESS Md. Marie Alverta Stevens .Rt#1 Box #292 Cheste APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH arrest Cardiac Arrest 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the couses stated 22c DATE SIGNED DIRECTOR PHYSICIAN CITY OF LOWN Stevensville Q.A. Co. 7-18-82 Stevensville Cemetery ADDRESS Chester, Md. 2 619 Helfenbein-Hubbard Funeral Home P.A.

DHMH - 16 50M 1/81 (VRA 15, 4)

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24 FUNERAL DIRECTOR

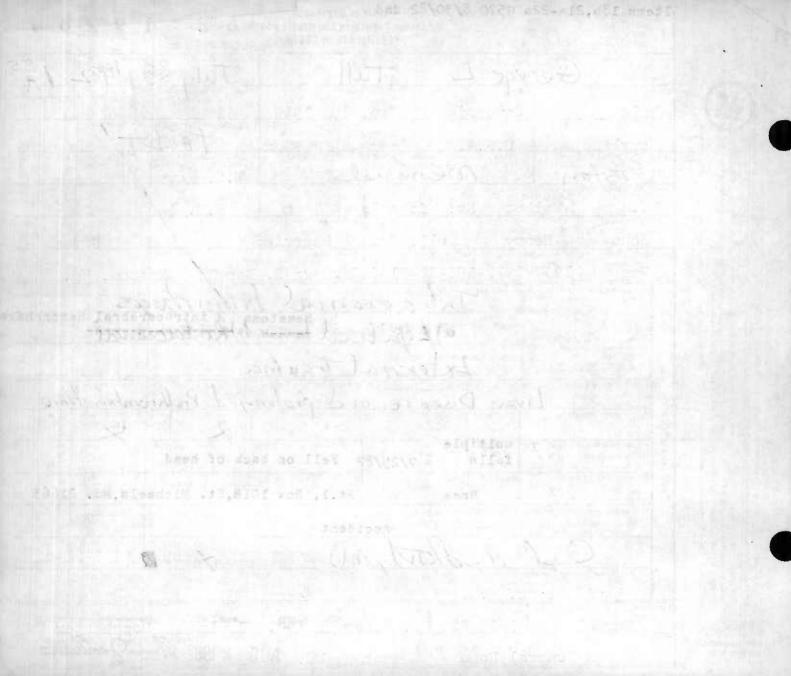
7-15-53 7% the state of the s status on the Cardiac Arrest 1- August Callin V. Bait, M.D. Maston, in 21601

	1	FOR STATE REGISTRAR		DEPAI	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 2	REG. NO.		9 2	8	4
(M)	1. DE (TYP 3. SE	CEASED PAINE FIRST COLOR TO THE	4 RACE Cauca	Be	5. DATE OF DEC	OF BIRTH 1905	20 DATE OF I	- Q	- S	IF UNDER 1 YE		OUR /S
frer deoth. The function of th	Ne	ITYOR TOWN OF DEATH	76. CITIZEN OF	WHAT COUNTR	MARRIEI WIDOWE	□ NEVER MARRIED □	9 BALTIMOR	CCUPATION	001	1126. KIN	D OF BUS	MD INESS OR
tely filled in by 3 should be filed in by inermorpho not	130.	ATHER'S NAME	1bot	Tilg	hman	13d. INSIDE CITY LIMITS? YES NO [] 15. MOTHER'S MAIDEN NA	Nurs 13e STREET AI Sta	pdress r Rot			ical	
Poges i ond comple	160 \	Henry  NAS DECEASED EVER IN U.S. AR  YES. NO	MIDDLE  RMED FORCES? VE WAR OR DATES)	Boc 16b. SOCIAL SE 220-0		Helen 17 INFORMANT Raymond H	. Swar	ADDRESS		S ghma	tahm n, M	
signed by the ottending physicio hen pleose remove corbon popers o buriol, cremotion, or removol. jury, or other troumotic event, the	Z	PART I. DEATH WAS CAUSE IMMEDIA  4/00  Conditions, if ony, which gove rise to immediate couse iol, stofting the underlying couse lost  PART 2 OTHER SIGNIFICANT (	DUE TO, O  DUE TO, O  DUE TO, O  (c)	PR AS A CONSECUTIVE TO	QUENCE OF	chrone	CH CHAINAL DISEASE	fu F OR CONDIT	ION GIVE	1:	Syr	wem c
hysicion. fricate hos been fronsit permit. T I Hygiene prior t	L CERTIFICATION	190 DATE OF OPERATION  710. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE.	21b. TIME C	OF INJURY	CH OPERATIO	N WAS PERFORMED		NO I	N CERTIFY YES		SES OF DE	EATH?
R. After this certifuse os the buriol-tellelith and Mental smorked or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22d I certify that (I) (this hospi	?le PLACE (AT HOME ST	M. OF INJURY REET, FACTORY, OFFICE the deceosed from	,	211 LOCATION STREET	to	CITY OR TOWN	, 1	COUNTY	,	STATE
by the hospito ERAL DIRECTOR e detoched for a Stote Dept. of H ANT: If Item 21 i		sow the deceosed give on obove, (I) (we) (did)(did no 27b. SIGNATURE	wiew the body	Jovel Jovel		d that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN 1226 ADDRESS	_ MEDICAL _	STAFF	1		the couses	
TO FUNERAL should be det with the Stote	230	BURIAL, CREMATION, REMOVAL	LWH I	82 12	NAME OF C		123d LOCAT rk Eas	Ma ION RIOWN TON	~ Ta	lbet	01.0	ATE
		LINERAL DIRECTOR				750 DA	E PE4 'DARV AF	UM DO A P	AZME		CATURE	

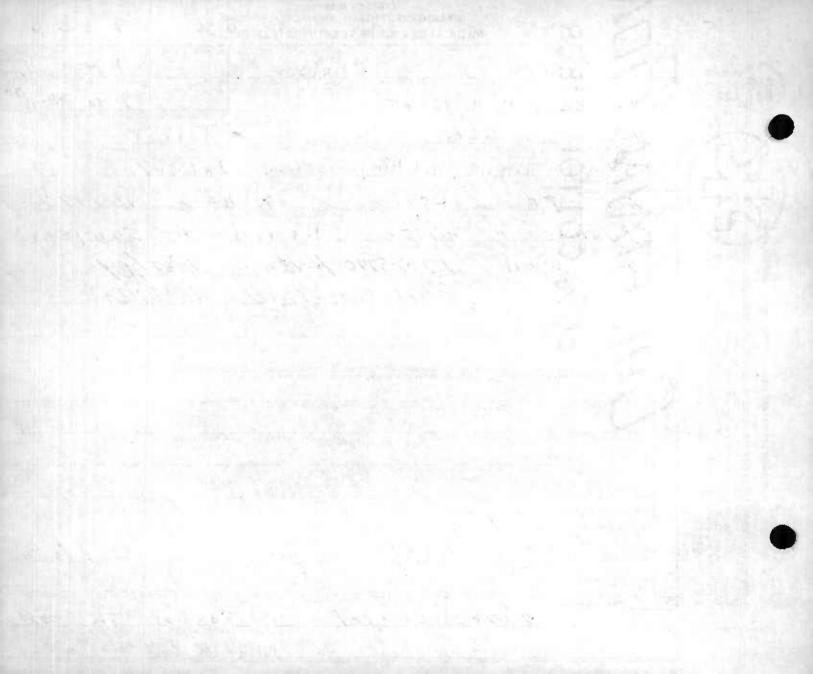
Easton,

Newnam Funeral Home

DHMH - 16 50M 1/B1 (VRA 15, 4) THE SHEET SERVE



	STATE	
	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 126 HO OF ESTI- DEATH MATED 7 10 19 82 1/3
3. SEX		DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE MONTH DAY YEAR 26 HO
1	RTHPLACE (STATE OR 7	1 Q 16 65 YRS. DEAD 7 /0 19 63-11
S FC	REIGN COUNTRY)	MARRIED NEVER MARRIED TO TOTAL
) ID.C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
ISU	AL RESIDENCE (IF IN NURSING HOMEOR	Memorial Hosperaston Laborer
3a. S	TATE MICH TOL COUNTY	136 CITY OR TOWN 136. INSIDE CITY LIMITS? 130. STREET ADDRESS YES \ NO DE 1742
14. E.	-1/2.	MIDDLE LAST 15. MOTHER'S MAIDEN NAME MIDDLE LAST
160.	VAS DECEASED EVER IN U.S. ARME ES, NO, OR UNKNOWN) (IF YES, GIVE WA	
	ES, NO, OR UNKNOWN) (IF YES, GIVE WI	11 M77.07.6740 Hellen 1301/98
	18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED I	one cause per lug latr (cy. (b), ond (c).)  BY:
	414 9 IMMEDIATE	CAUSE (o)
	Canditions, if any, which gave rise to immediate	(b)
	cause (a) stating the <u>under</u> - lying cause lost.	DUE TO, OR AS A CONSEQUENCE OF
z	PART 2 OTHER SIGNIFICANT CONDITIONS CO	(c)
CERTIFICATION	19s, DATE OF OPERATION	HIS. CONDITION FOR WHICH OPERATION WAS PERFORMED?  28. AUTOPSY?
A E	714 EXTERNAL CAUSE WAS	216. TIME OF INJURY 1216. HOW INJURY OCCURRED JUNIOR NATURE OF HUBBY MILITAN DEPART OF MARKET.
	UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR
MEDICAL	THE INJURY OCCURRED  WHILE IT NOT WHILE IT	216. PLACE OF INJURY   AT HOME   216. EOCATION   STREET   CITY OF TOWN   COUNTY   STATE
	WHILE NOT WHILE D	
	death resulted from Natural	of the remains described above, held on Autopsy
	11	1 1/1 of the inge specifies to a con
12	ACTUAL / / //	CALLET THE TAKE TO THE PARTY OF
	SIGNATURE /	M Charles M.D. A. S. C. MEDICAL EXAMINER SIGNED 1 16 BL
2	EXAMINER'S NAME (TYPE OR PRINT)	ADDRESSADDRESS
23 a. B	EXAMINER'S NAME	ADDRESSADDRESS



Easton, Md.

Newnam Funeral Home

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